

Name
in
Full

George Adams

CERTIFICATE OF DEATH

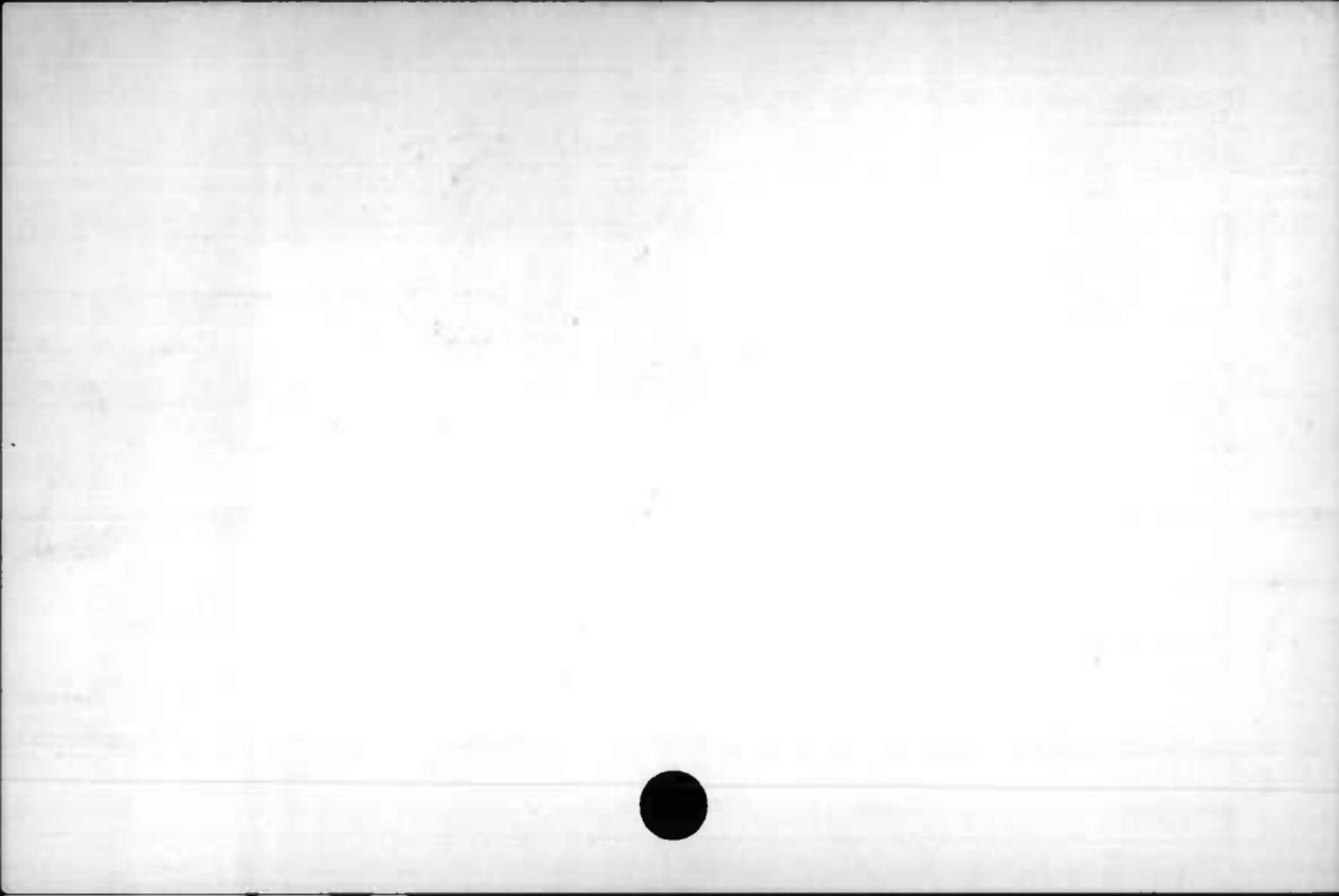
To BE ANSWERED BY
NEAREST FRIEND

Died at		County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1905	March	18	68	-	-	
Sex	Male	Color or Race	Col.	Birth-place	Va.	
Occupation	Laborer			Where Residing if not at place of death		
Married, Single or Widowed				Poplar Bluff, Mo.		
Name of Wife or Husband						
Father's Name	—			Father's Birthplace	—	
Mother's Maiden Name	—			Mother's Birthplace	—	
Name of person giving information	Ebenezer Stansbury			How related to deceased	Employer	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mitral regurgitation	79	How long	6 months
Immediate	Mitral insufficiency	✓	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. K. Pettebaum M.D.	
		Address	Sparsowis St. Md.	
Accident or Suicide?				



Name
in
Full

Hilda Adams.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Catonsville	Baltimore			
Date of death	Month	Day	Years	Age	Months	Days
1905	March.	31	16	16		
Sex	female	Color or Race	Colored	Birth-place	Balto Co	
Occupation	Domestic	Where Residing if not at place of death			Catonsville	
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Edward Adams.			Father's Birthplace	Maryland	
Mother's Maiden Name	Laura Jones			Mother's Birthplace	Maryland	
Name of person giving information	Chas Matthews, 34			How related to deceased	Brother in Law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Miscarriage, Pneumonia

How long

6 days

Immediate

Peritonitis

How long

2 days.

Are the name, age, sex, color, date and place correctly given above?

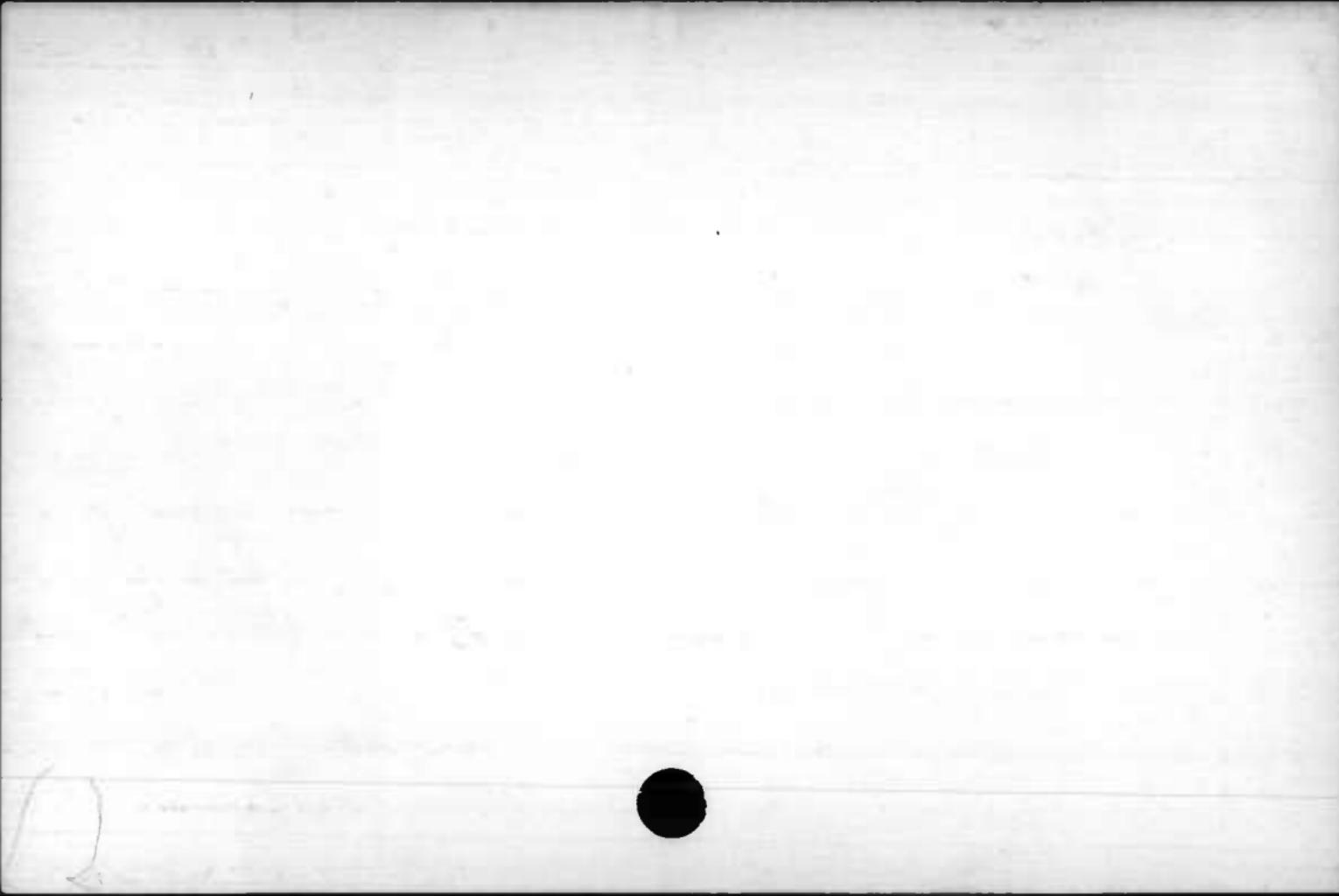
yes.

Signature of Physician

Address

Marshall 73 West-
Catonsville Md

Accident or Suicide?



Name
in
Full

Sinclair Adams

CERTIFICATE OF DEATH

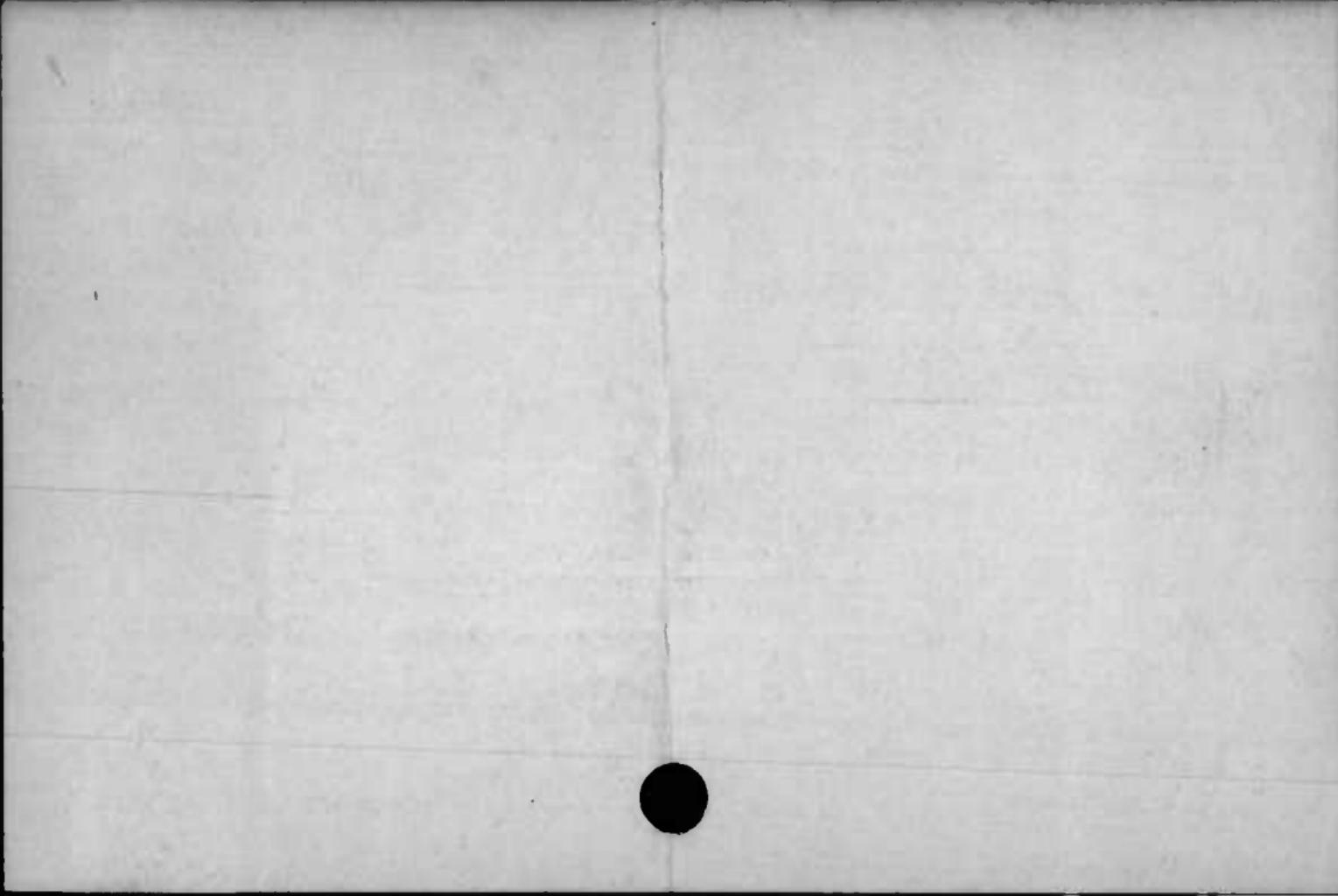
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
190	Mar	16	Age	4	
Sex	Male	Color or Race	Blk	Birth-place	Poplar Height
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Jim Adams				
Mother's Maiden Name	Susie Price				
Name of person giving information	Jim Adams				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	93	How long
Immediate	Exhauation	✓	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	How long
		Signature of Physician	J. M. Williams M.D.
		Address	710 S. Pat. Pk. an.
Accident or Suicide?			



Stephen Akhurst

Died at		Town Sperry	County Balt	Native of MARYLAND		
Date 19	Month 05	Day Mar 14	Y. M. D. 58	Occupation Moulder		
Male	White	Married	Widow	Number of children living 6		
Female	Colored	Single	Widower			

Wife of Sarah Francis Forland
 Father's Name David Akhurst Mother's Maiden Name Mary Ann Price

Cause of Death	Primary Embolism	65	How long sick 9 days
	Immediate Paralysis Acute softening of brain		Accident, Suicide, Homicide

Reported by Dr B. S. Benson
 Address Backerville, Balt. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Thos. Allen

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	1905	Month Mar.	Day 17	Years 23	Months Days
Sex	Male	Color or Race	Negro	Birth-place	
Occupation	Laborer			Where Residing if not at place of death	
Married, Single or Widowed	Name of Wife or Husband				
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	Jos Blair			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	(b) ✓	How long
Immediate	(b) ✓	How long

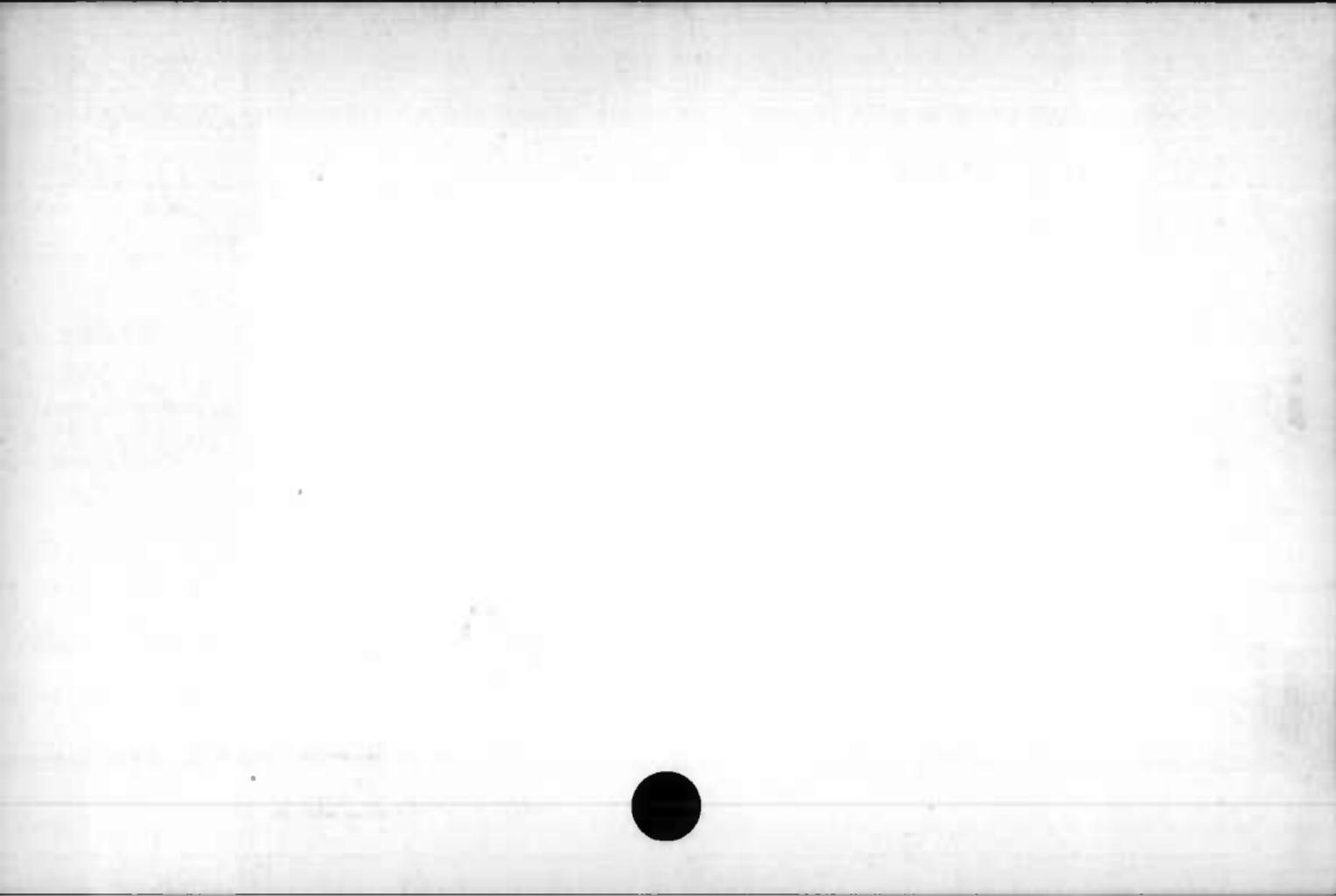
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Jos Blair J.P.
Sparrrows Point
Md.

Accident or Suicide



Name
in
Full

Mary C Asher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Baltimore	County Baltimore	MARYLAND		
Date of death 1905	Month March	Day 2	Age 59	Months 6	Days 15-
Sex	Female	Color or Race white	Birth- place Md		
Married, Single or Widowed	widow	Occupation Housewife			
Name of Wife or Husband					
Father's Name	Francis T. McKinley			Father's Birthplace	Md
Mother's Maiden Name	Mary A. Lower			Mother's Birthplace	Md
Name of person giving Information	Florence Burroughs			How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Tuberculosis

✓✓✓

How long

8 months

Immediate

asthma

✓✓

How long

6 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

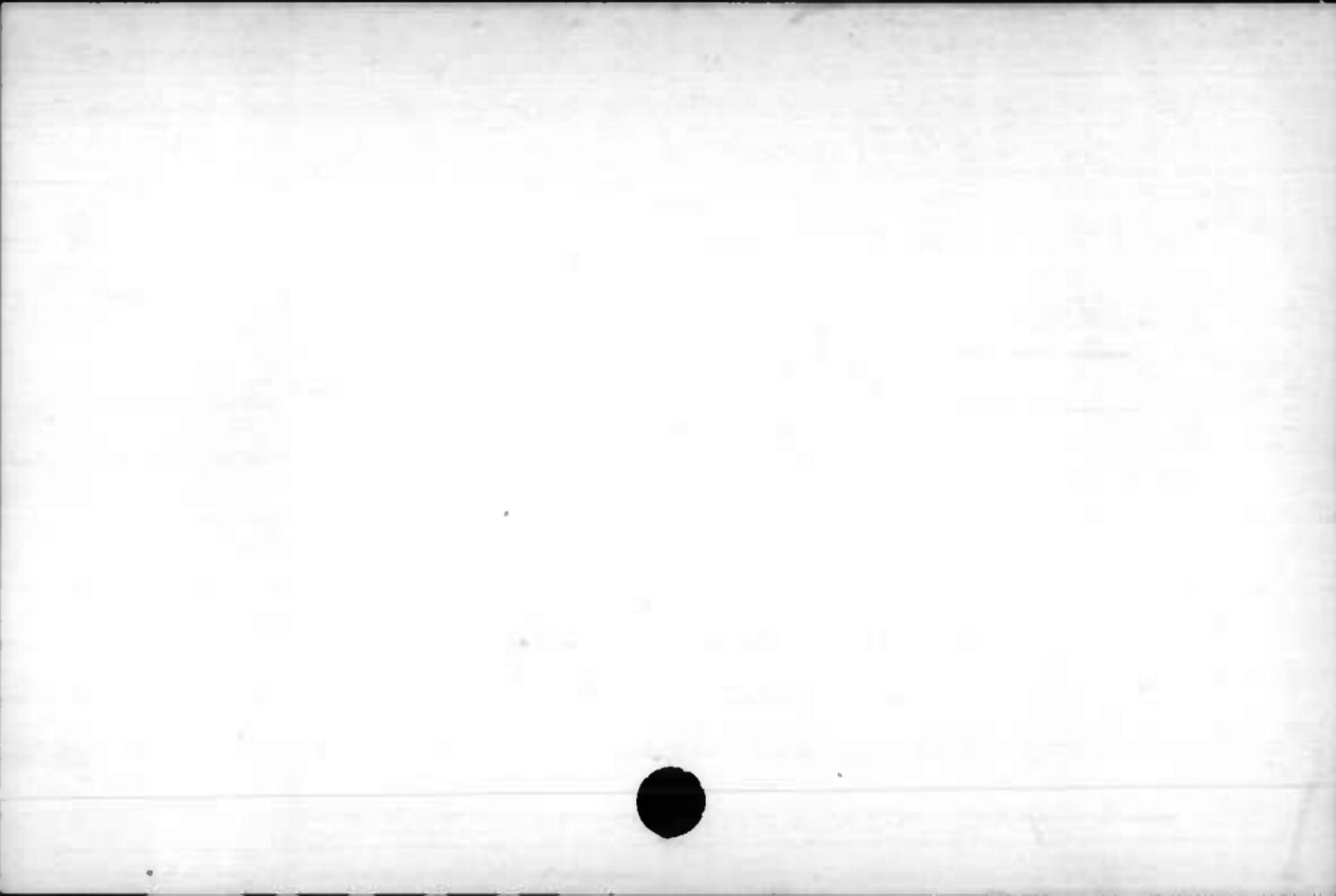
Signature of
Physician

Address

John W. Hanson Jr. D
Middle River Md

Accident or Suicide?

no



Full

John S. Baldwin

165

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Baldwin		Town Baltimore		County Baltimore		MARYLAND	
Date of death 1905	Month 3	Day 1	Years 86	Age 86	Months 10	Days 27	
Sex Male	Color or Race white	Where Residing if not at place of death Baldwin Md.		Birth- place Md.			
Occupation Farmer	Name of Wife or Husband Rachel Baldwin (deceased)		Father's Name Silas Baldwin		Father's Birthplace unknown		
Married, Single or Widowed Widowed	Mother's Maiden Name Charlotte Baldwin		Mother's Birthplace unknown		How related to deceased Son		
Name of person giving Information Harry W Baldwin							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

La Grippe

How long

14 days

Immediate

Cardiac Asthenia

How long

short time

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Phas. H. Emory M.D.

Address

Mass, Md.

Accident or Suicide?

Name
in
Full

George W. Barrett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore		County		MARYLAND	
Date of death 1905	Month 3	Day 7	Age 69	Years	Months	Days	
Sex Male	Color or Race	White		Birth- place	Baltimore		
Married, Single or Widowed	Single		Occupation	Carpenter			
Name of Wife or Husband							
Father's Name			Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving Information	H. H. Mathews		How related to deceased			From	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bronchitis

91

How long

several months

Immediate

Exhaustion

How long

few days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

W. P. M.
Pikesville Md

Accident or Suicide?

J. H. Kraft.
Loudon Park Cemetery.

<h1>No name</h1>				MARYLAND	
Town		County			
Died at <u>Granby</u>		<u>Ind</u>			
Month	Day				
Date 19 <u>05</u>	<u>Jan 13</u>	Age <u>5 minutes</u>	Native of <u> </u>		Occupation <u> </u>
Male	<u>White</u>	Married	<u>Widow</u>	Divorced	
<u>Female</u>	Colored	Single	<u>Widower</u>	Number of children living <u> </u>	
Husband of					
Wife					
Father's Name	<u>Daniel Bennett</u>		Mother's Maiden Name <u>Ida Marshal</u>	How long sick <u> </u>	
Cause of Death	Primary <u>Prematurity</u>	Delivery <u>15</u>	Accident, Suicide, Homicide <u> </u>		
Reported by	<u>X. J. Shipton</u> <u>Ind</u>				
Address	<u>Granby Ind</u>				
Must be signed by physician, If any in attendance, otherwise by <u> </u> , undertaker or minister.					



Name
in
Full

Not named -

CERTIFICATE OF DEATH

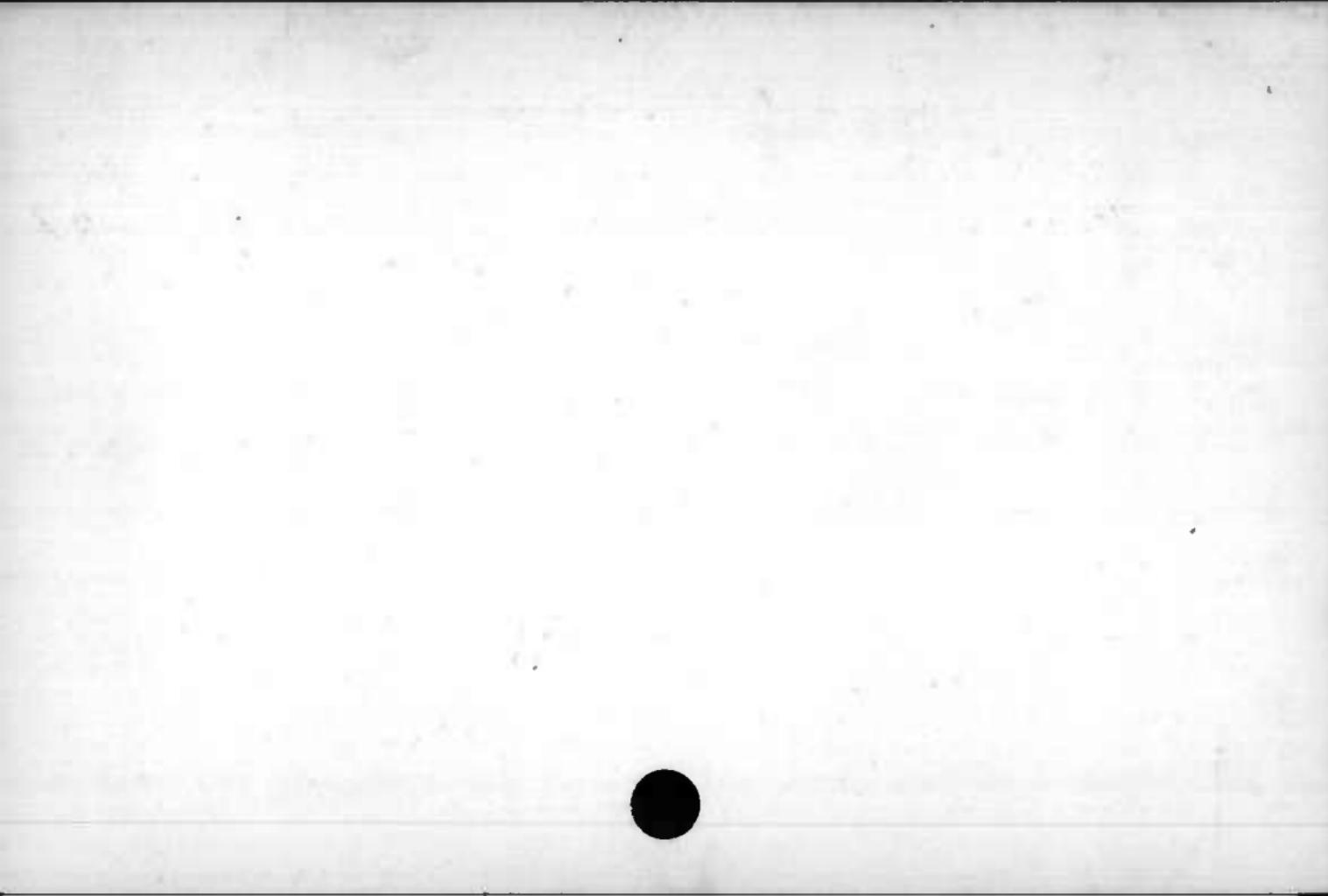
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1908	Month 3	Day 4	Years	Months	Days
Sex	Female	Color or Race	white		Birth-place	Baltimore, Md
Occupation	Wife		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Harry E. Blain		Father's Birthplace Md			
Mother's Maiden Name	Bessie		Mother's Birthplace Md			
Name of person giving Information	Harry E. Blain		How related to deceased Father			

CAUSES OF DEATH

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

John F. P. Blalke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mt. Winans Md</u>		Town <u>Baltimore</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>March</u>	Day <u>4</u>	Years	Months <u>7</u>	Days <u>10</u>
Sex <u>Male</u>	Color or Race <u>Cal.</u>	Birthplace <u>Mt. Winans Md</u>			
Occupation <u>Clerk</u>	Where Residing if not at place of death <u>at place of birth</u>				
Married, Single or Widowed <u>child</u>	Name of Wife or Husband <u>George Blalke</u>				
Father's Name <u>George Blalke</u>	Father's Birthplace <u>Comacco - Md</u>				
Mother's Maiden Name <u>Annie Lewis</u>	Mother's Birthplace <u>Washington D.C.</u>				
Name of person giving Information <u>George Blalke</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

1 week

Immediate

Pneumonia

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

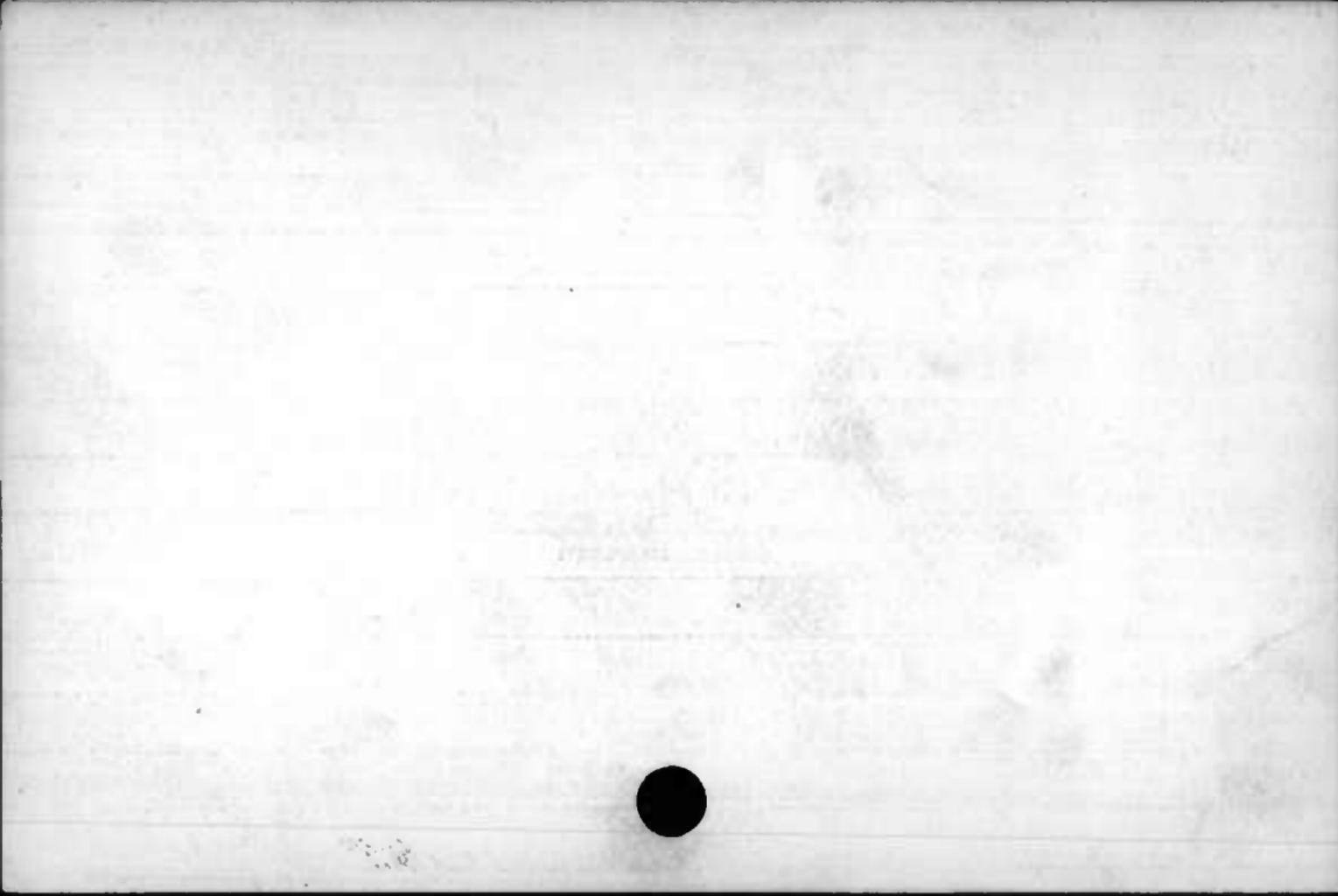
Signature of Physician

L G Frazee

Address

1655 Fulton ave.
City

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary A. Bond.

CERTIFICATE OF DEATH

Died at <u>Cathey</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>March</u>	Day <u>Thursday</u>	Years <u>83</u>	Age <u>83</u>	Months <u>5</u>	Days <u>10</u>
Sex <u>female</u>	Color or Race <u>white</u>	Birth-place <u>Baltimore</u>				
Occupation	Where Residing if not at place of death <u>at Uncle's</u>					
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>J. W. Bond</u>					
Father's Name <u>J. F. Forsythe</u>	Father's Birthplace <u>Baltimore</u>					
Mother's Maiden Name <u>Amelia Patterson</u>	Mother's Birthplace <u>Philadelphia</u>					
Name of person giving information <u>Mrs. Parks</u>	How related to deceased <u>Aunt</u>					

CAUSES OF DEATH

Primary

Tubercular Osteitis

(33)

How long

2 yrs

Immediate

Tubercular Osteitis

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Mary A. Bond, M.D.
Hamilton
Md

Accident or Suicide?

Name
in
Full

Henry C. Boss

CERTIFICATE OF DEATH

Died at Crabapple ^{Town} Baltimore ^{County}

MARYLAND

Date of death 1905 **Month** Mar **Day** 24 **Age** 50 **Years** 50 **Months** 11 **Days** 29

Sex Male Color or Race White Birth-place Baltimore

Occupation: Wickster Where Residing if not
at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Napoleon Boss*

Mother's Maiden Name Henrietta Buzz

Name of person giving information Jacob Morris

CAUSES OF DEATH

Primary

Consumption

How long 18 mos

How long

Immediate

yes

Signature of
Physician

Signature of Fred L. Pfeffer

Are the name, age, sex, color, date and place correctly given above?

Address

1218 First St
Balto Co Ind

Accident or Suicide?

Green Mount Lem.
H. Sander & Sons

Name
in
Full

Sarah Jane Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Boston, Mass</u>		County <u>Baltimore Co</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>March</u>	Day <u>6th</u>	Age <u>31</u>	Years	Months Days
Sex <u>female</u>	Color or Race <u>white</u>	Birth-place <u>England</u>			
Married, Single or Widowed <u>married</u>	Occupation				
Name of Wife or Husband					
Father's Name <u>John Mackintosh</u>	Father's Birthplace <u>England</u>				
Mother's Maiden Name <u>Ann. Forrestell</u>	Mother's Birthplace <u>Ireland</u>				
Name of person giving information <u>Thomas Brown</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

About four yrs

Immediate

Influenza

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

D. F. Burrey
Texas M.

Accident or Suicide?

Martin Fahy & Sons
606 W. Laffayette Ave
St Peters Cemetery City

Name
in
Full

Wm. Buehler

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	190	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Baltimore	
Occupation	Laborer		Where Residing if not at place of death	213 Pratt St.		
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name			22		Father's Birthplace	
Mother's Maiden Name					Mother's Birthplace	
Name of person giving information					How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis.

How long

Immediate

Exhaustion

How long

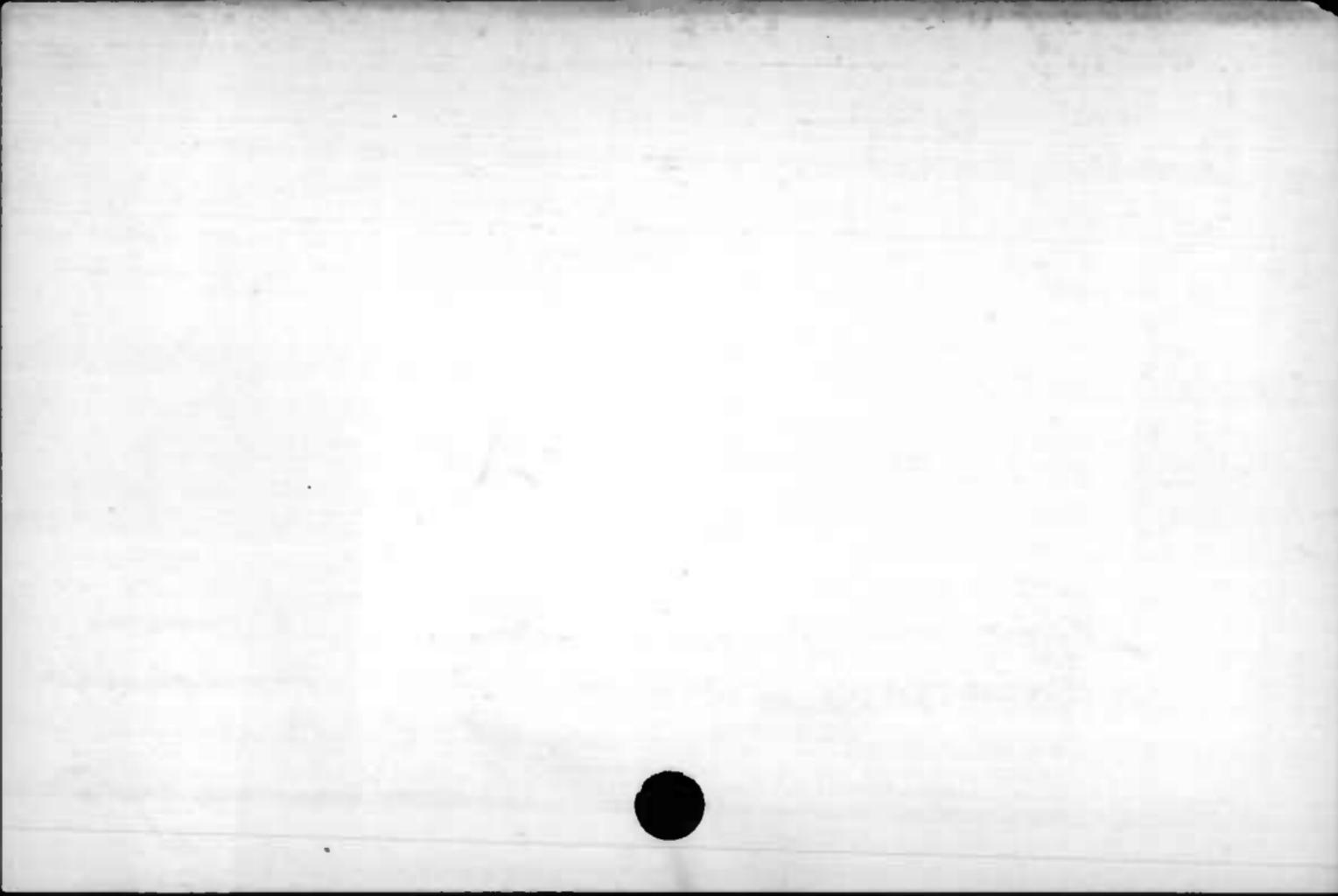
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. P. Mara M.D.
St. Agnes Hospital

Accident or Suicide?



Name
in
Full

Leonard F. Durie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Picayeville</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Mar</u>	Day <u>36th</u>	Years <u>50</u>	Months <u>7</u>	Days <u>13</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Picayeville</u>			
Occupation <u>Tanner</u>	Where Residing if not at place of death <u>Picayeville Md</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>May 2 Durie</u>	Father's Birthplace <u>Baltimore</u>			
Father's Name <u>Levi F. Durie</u>	Mother's Birthplace <u>Montgomery Co</u>				
Mother's Maiden Name <u>Elizabeth Durie</u>	How related to deceased <u>wife</u>				
Name of person giving information <u>Mr. May Durie 27</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

3 year

Immediate

Tuberculosis of Paroxysm

How long

1 month

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

A. C. Smith

Address

Woodlawn Sta

Md

Accident or Suicide?

Mr. Oliver Caw

March 28, 1905.

for Block

Name
in
Full

Sarah Elizabeth Burkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Woodlawn</u> Town		County <u>Baltimore Co.</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>March</u>	Day <u>24</u>	Years <u>Age 67</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Harford Co.</u>			
Occupation <u>Housekeeper</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>William Burkins</u>	Father's Birthplace <u>Harford Co.</u>				
Mother's Maiden Name <u>Sarah E. Tollinger</u>	Mother's Birthplace <u>Harford Co.</u>				
Name of person giving information <u>Mrs. J. J. Perrigo</u>	How related to deceased <u>Aunt.</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Aphoplexy 64
Paroxysm hypnotic

How long

5 hours

Immediate

Paroxysm hypnotic

How long

unconscious

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

A. C. Dunn

yes

Address

Woodlawn Blvd
Harford Co.

Accident or Suicide?



Name
in
Full

Mary, B. Burns

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	53	Birth-place	Balti.
Occupation	Houserwife	Where Residing if not at place of death			Balti. Cockeys ville	
Married, Single or Widowed	Single	Name of Wife or Husband	now			
Father's Name	Benj.	Burns	U. S. and			
Mother's Maiden Name	Balyoda	Burns	U. S. and			
Name of person giving Information	Chas	Rowe	93	How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Alcoholism

qb/

How long

In definite.

Immediate

Pneumonia - Coma

How long

about 12 hrs -

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Stilmer C. Emory M.D.

Cockeysville
Md.

Accident or Suicide?

wiseburg W. E. Church
Cens.

John Burros Son

Name
in
Full

Thomas Butelspacher

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1905	Mar.	24	30			
Sex	Male	Color or Race	White	Birth-place	Balto.	
Occupation	Butcher		Where Residing if not at place of death	5 Font Hill		
Married, Single or Widowed	Married		Name of Wife or Husband			
Father's Name			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving information			How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Poliomyelitis

63

How long

Immediate

Exanthem

How long

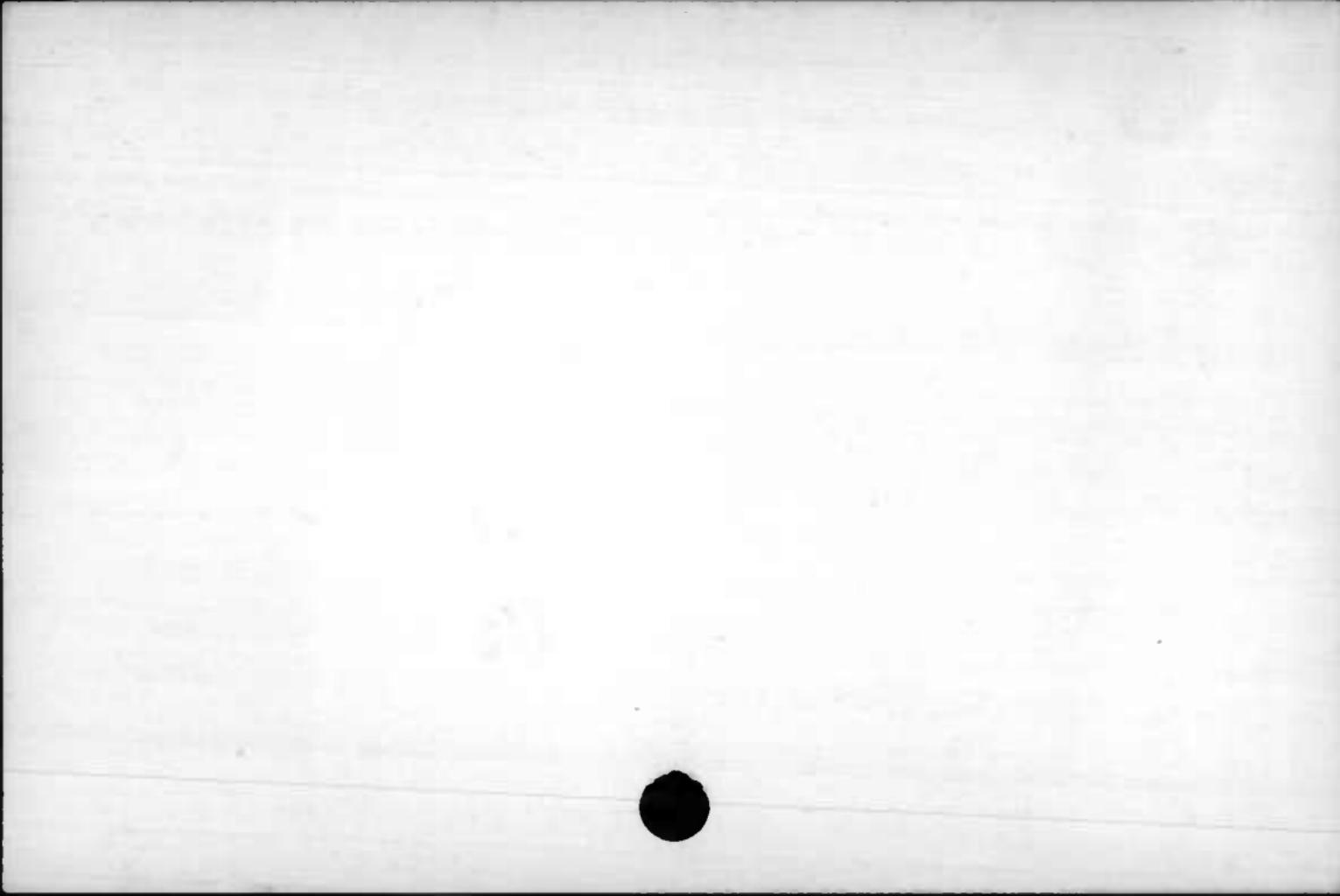
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

J. P. Mara, M.D.

Accident or Suicide?

Address
St. Agnes Hospital



Name
in
Full

Otto Caesar

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Male	Color or Race	white	Birth-place
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	—	
Father's Name	—			Father's Birthplace
Mother's Maiden Name	—			Mother's Birthplace
Name of person giving information	Sam. Weber 572			How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Shock & exhaustion from long overwork

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

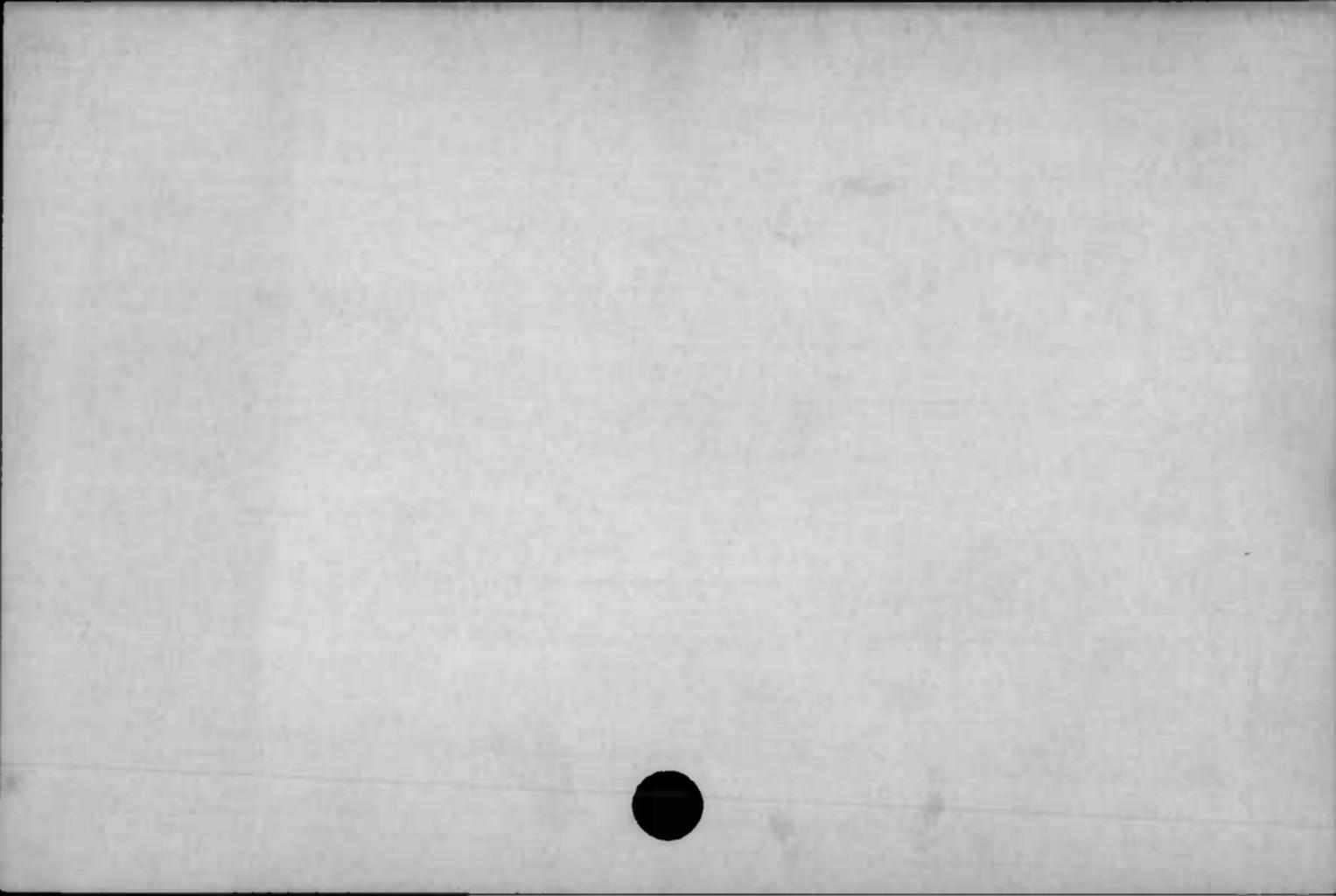
Signature of Physician

Yes.

Address

Ed J. Hermann Crone
Rossville
Balt. Co. Md

Accident ~~name~~?



Daisy B. Coplin

Town

Buckeysville

County

Baltimore Co

MARYLAND

Died at

Date 1905

Month Day
Month 25

Age

Y. M.

D.

Native of
MarylandOccupation
School

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

/

Wife

Father's

Name

Carroll Larkin Coplin

Mother's
Maiden Name

Daisy Estelle Parker

Cause of

Primary

Meningitis acute

How long sick

5 days

Death

Immediate

General failure of body

Accident, Suicide, Homicide

Reported by

Dr. H. Benson

Address

Buckeysville

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Interment at
Jesup Cemetery on
Tuesday March 28

Albert G. Carter

Town Wash. Rd. County Baltimore Co.

Died at

Town

Date 1905

Month

Day

Y.

M.

D.

- 10 28

Native of

MARYLAND

Occupation

Male

White

Widow

Divorced

Female

Colored

Widower

Number of children living

Husband of

Wife

Father's Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John G. Carter

Mother's Name

Sarah E. Carter

How long sick

Bronchitis Pneumonia

5 day

Accident, Suicide, Homicide

Geo. S. M. Kutter M.D.

Morell Ok Baltimore Co Md

Attended by Dr.

Geo. S. W. Keeffer

of

Maree Ok Balto Co Mo

Seen by Coroner

of

Information contained in this certificate received

from

Mr John Carter

of

North Rd

Bob Brooks.

western County

Name
in
Full

Albert C. S. Chaney.

CERTIFICATE OF DEATH

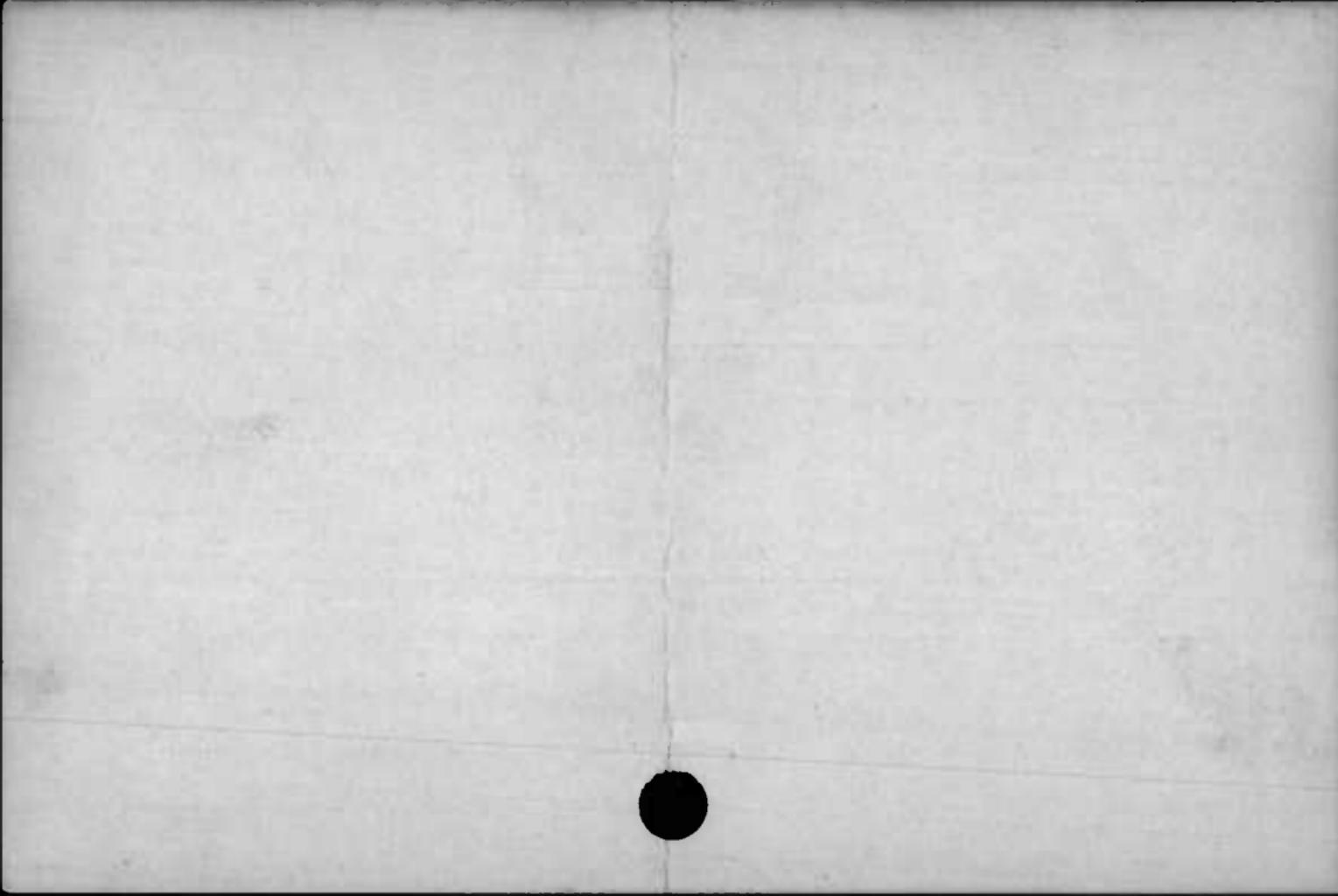
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Dickeyville		Town	Balto		County	MARYLAND			
Date of death	1905	Month	28	Day	Years	1	Months	19	Days	
Sex	Male		Color or Race	White		Birth-place	Md.			
Occupation	None		Where Residing if not at place of death			Dickeyville				
Married, Single or Widowed			Name of Wife or Husband							
Father's Name	Geo E. Chaney					Father's Birthplace	Md.			
Mother's Maiden Name	Lucy Whitinger					Mother's Birthplace	Md.			
Name of person giving information	Geo E. Chaney					How related to deceased	Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis Meningitis		How long	4 weeks
Immediate	Bronch. pneumonia		How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	A. C. Smith	
Yes		Address	Woodlawn Sta. Md.	
Accident or Suicide?				



Appley Glenda

Town

County

Industriæ Home Melville Belts MARYLAND

Died at

Date 180

Month Day

Y. M. D.

Native of

Occupation

1905 March 24

Age 18

Md.

Name Blind

Female

White

Married

Widow

Divorced

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Unknown

Mother's Name

Unknown

Cause of Death

Primary

Pervent conjunctivitis. Blind

How long sick

Immediate

Slow Atherosclerosis

Accident, Suicide, Homicide

Reported by

Address

W. Wenser Mrs

1220-8. Fayette

Belts, MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

W. Schilling 518pp. 1916

Centij. of Melville Stone -
Ball C. H.

Mar 23-05

Name
in
Full

Elizabeth M. Cole

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month 3	Day 24	Years 75	Months 6	Days 14
Sex Female	Color or Race White	Birth-place Parkers Mill			
Married, Single or Widowed Widowed	Occupation Housewife				
Name of Wife or Husband Samuel S Cole					
Father's Name Richard S Fowble	Father's Birthplace Hampstead Md.				
Mother's Maiden Name Ruth Murray	Mother's Birthplace Hampstead Md.				
Name of person giving information Samuel S Cole	How related to deceased Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

How long

7 years

Immediate

Convulsions

How long

36 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

A. P. Mitchell
Moorstown, Md.

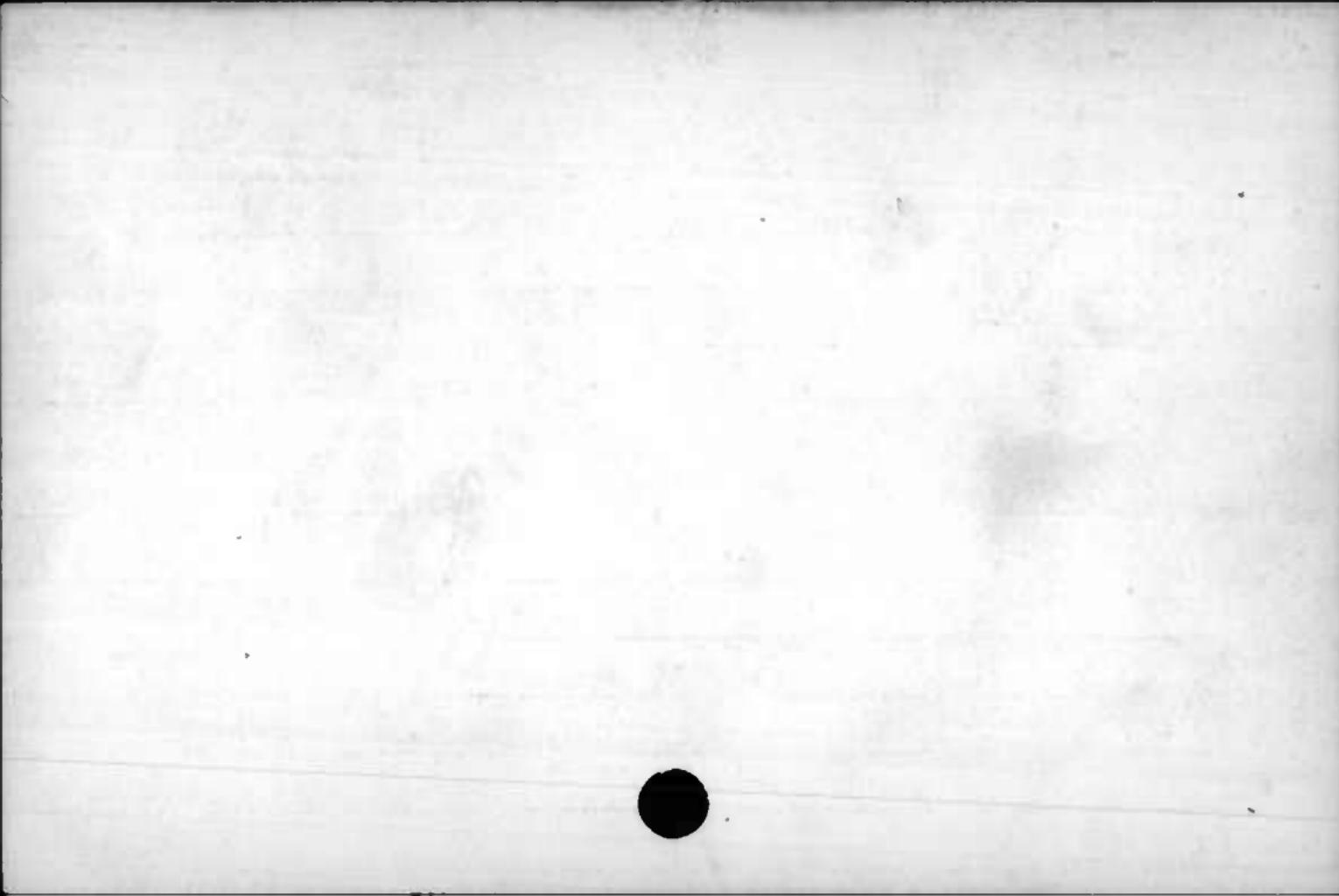
Accident or Suicide?

Interment at Black
Rock Cemetery Monday
March 27

James Thomas Collins				CERTIFICATE OF DEATH			
Died at 111t Wmians.		Town	Baltimore		County	MARYLAND	
Date of death	1905 Mar.	Month	12	Day	Age	2	Years
Sex	male	Color or Race	colored		Birth-place	111t Wmians	
Occupation	—		Where Residing if not at place of death		—		
Married, Single or Widowed	—		Name of Wife or Husband	Sarah Collins		—	
Father's Name	Thomas Collins		Sarah		Father's Birthplace	Hartford	
Mother's Maiden Name	Sarah O'wings		Owings		Mother's Birthplace	Baltimore	
Name of person giving Information	Thomas Collins		a		How related to deceased	Father	

CAUSES OF DEATH

Primary	Mucous Sore Throat		How long	3 days
Immediate	Bronchitis		How long	15 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	R. V. Blaum	
		Address	111t Wmians	
Accident or Suicide?	No			



Name
in
Full

Christiana Comes

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fullerton</u>		Town		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>McL.</u>	Day <u>1st</u>	Age <u>76th</u>	Years	Months	Days	
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore Co.</u>				
Occupation <u>Housewife</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>Married</u>	Name or Wife or Husband <u>Chris. Comes</u>		Father's Birthplace				
Father's Name	<u>Kafer</u>		Mother's Birthplace				
Mother's Maiden Name <u>do not know</u>			How related to deceased <u>Son</u>				
Name of person giving information <u>John Comes</u>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Mitral insufficiency</u>	<u>79</u>	How long <u>several years</u>
Immediate	<u>Failure Compensation</u>	<u>1/2 hour</u>	How long <u>1/2 hour</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Lingard & Whitford</u>	
<u>Yrs</u>		Address <u>Fullerton, Md.</u>	
Accident or Suicide?			

Entertainment Hotel M.E.

Church & Stamford Road

Geo. W. Granger

undertaker

Name
in
Full

George F. Corse

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Gardenville</u>		County <u>Bucks</u>	MARYLAND	
Date of death	<u>10/5/1933</u>	Age <u>66</u>	Months	Days
Sex	<u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Maryland</u>	
Occupation	<u>Physician</u>		Where Residing if not at place of death	
Married, Single or Widowed	<u>Married</u>			
Father's Name	<u>Edw. Corse</u>		<u>40</u>	Father's Birthplace
Mother's Maiden Name	<u>Deborah Sinclair</u>			Mother's Birthplace
Name of person giving Information	<u>Sarah Corse</u>			How related to deceased <u>wife</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer of StomacheHow long 6 years

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Dr. Geo. F. Coase

Died March 23-1905

Born Dec. 8 = 1839 =

Wm. Coase =

Debra Sinclair Balt Co =

Name
in
Full

John E. Cocoley

CERTIFICATE OF DEATH

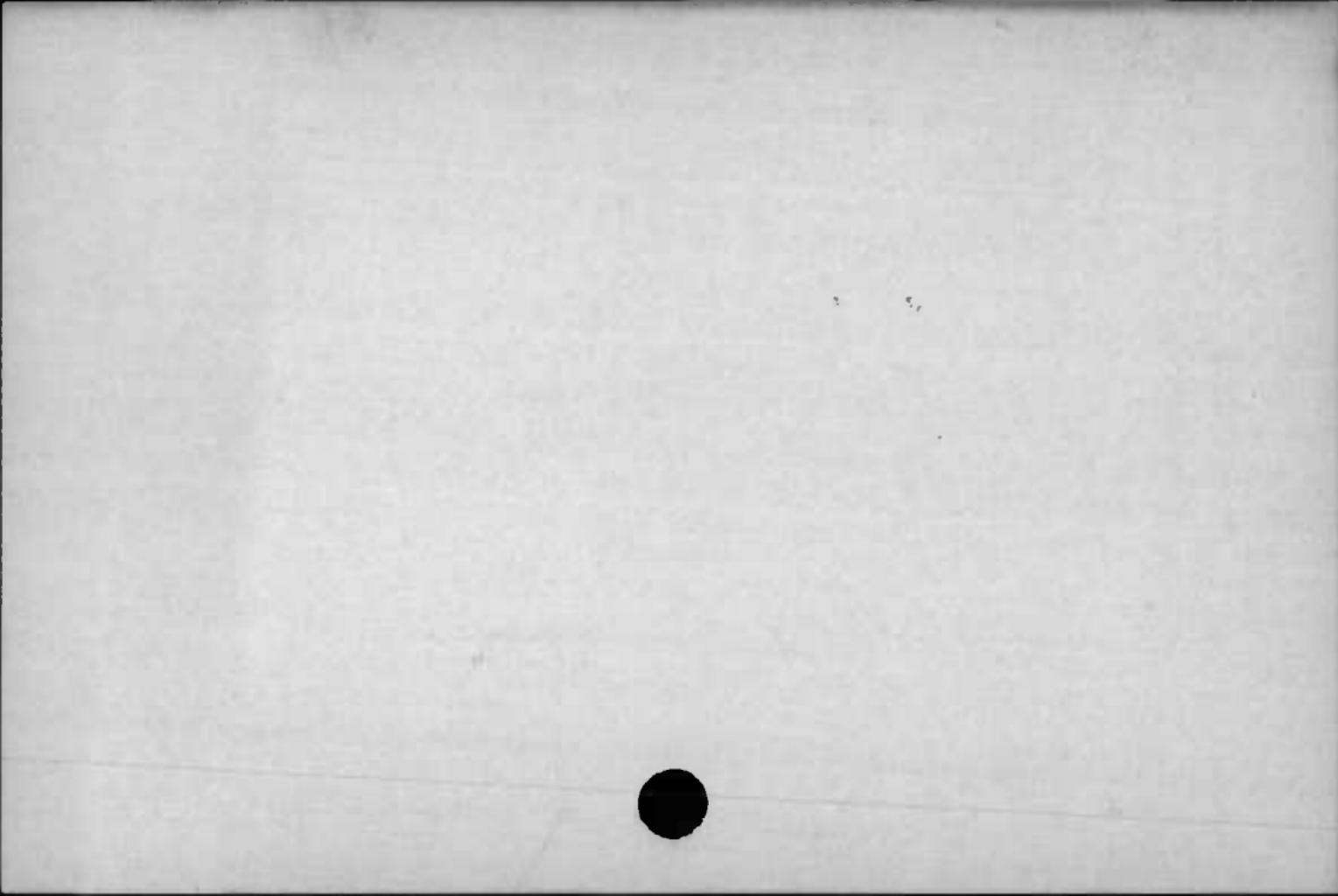
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore		County	MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
1905	March	16	83		—	21
Sex	Male	Color or Race	white	Birth-place	Md	
Occupation	Farmer			Where Residing if not at place of death	—	
Married, Single or Widowed	Married	Name or Wife or Husband	Mary E Cocoley			
Father's Name	—			Father's Birthplace		
Mother's Maiden Name	—			Mother's Birthplace		
Name of person giving information	R. H. Duvings			How related to deceased	Niece	

CAUSES OF DEATH

Primary	Valvular Disease of Heart		How long	Second year
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John W. Harrison M.D.	
		Address	Middle River Md	
Accident or Suicide?	no			

PHYSICIAN
OR CORONER



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

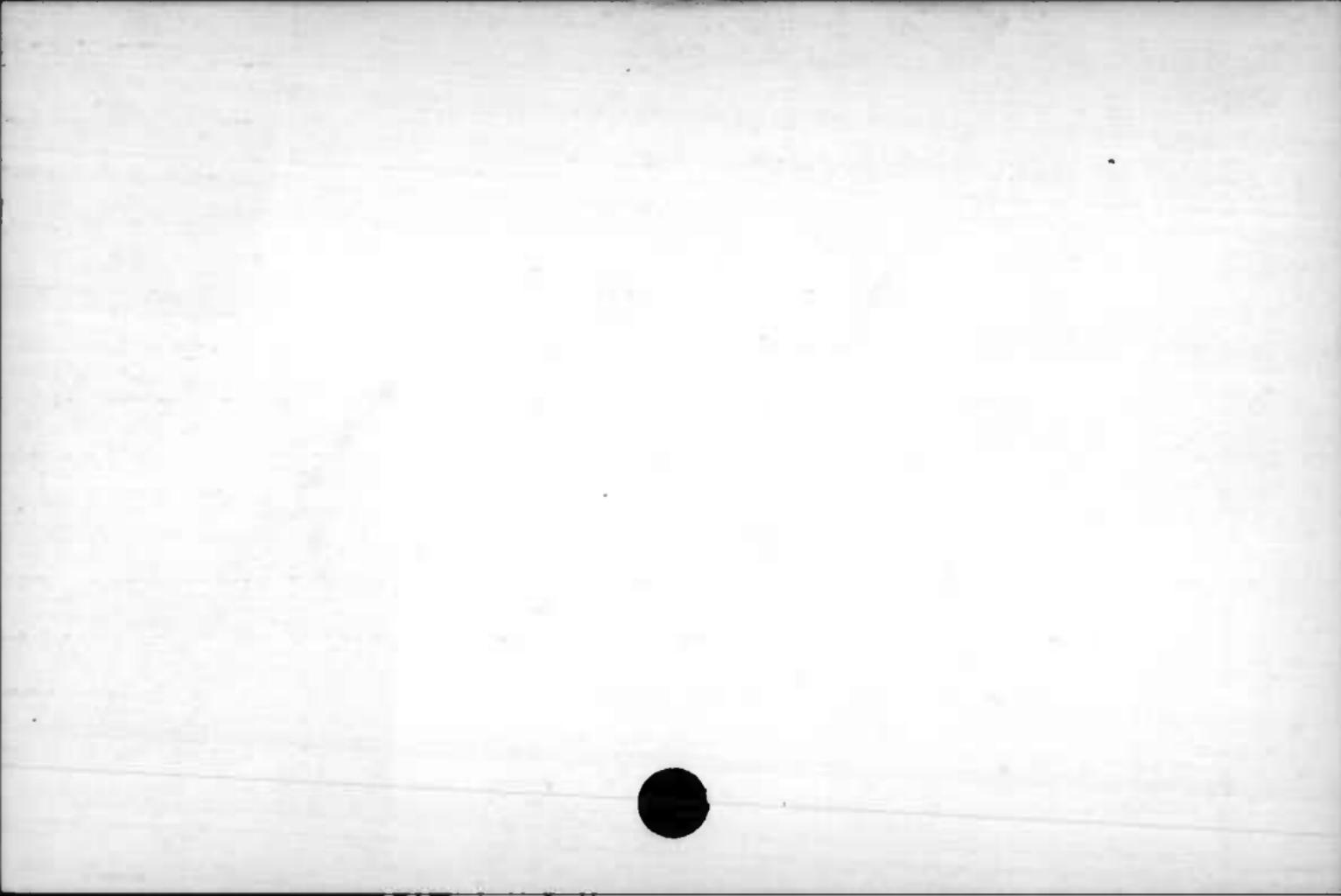
Clara Edna Cooley

CERTIFICATE OF DEATH

Died at <u>Dickeyville</u>		Town <u>Baltimore</u> County <u>Baltimore</u>		MARYLAND	
Date of death <u>1905 March 20</u>	Month <u>March</u>	Day <u>20</u>	Years <u>14</u>	Months <u>4</u>	Days <u>2</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Dickeyville Md</u>			
Occupation <u> </u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u> </u>				
Father's Name <u>Jessie A. Cooley</u>	Father's Birthplace <u>Baltimore</u>				
Mother's Maiden Name <u>Ellen Agnes Doyle</u>	Mother's Birthplace <u>Baltimore</u>				
Name of person giving information <u>Ellen Agnes Doyle</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

Primary	How long
Immediate <u>Pulmonary Thrombosis</u>	<u>2</u> <u>had it for 3 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Franklin Thompson</u> Address <u>Dickeyville Md</u>
Accident or Suicide?	



Name
in
Full

Meliz. Crisman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month 3rd	Day 15	Years	Months 5	Days
Sex	Female	Color or Race	white	Birth-place	Md.	
Occupation	nun		Where Residing if not at place of death	nun		
Married, Single or Widowed	Widowed		Name of Wife or Husband			
Father's Name	George Crisman		Father's Birthplace	Md.		
Mother's Maiden Name	Mary Hale		Mother's Birthplace	Md.		
Name of person giving information	George Crisman		How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Indigestion

104 ✓

How long

one birth

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. Schaffer
1400 Fulton St.

Accident or Suicide?

H C Heidefeld
~~Hornfield~~

Londom Park

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Louis James

CERTIFICATE OF DEATH

Died at <u>St. Agnes' Hosp.</u>		Town	County <u>Balto.</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>March</u>	Day <u>30</u>	Age <u>60</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Balto. Co.</u>		
Occupation <u>None</u>	Where Residing if not at place of death <u>932 Argyle Ave</u>					
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband					
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving Information				How related to deceased <u>✓</u>		

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

Immediate

Constitution

How long

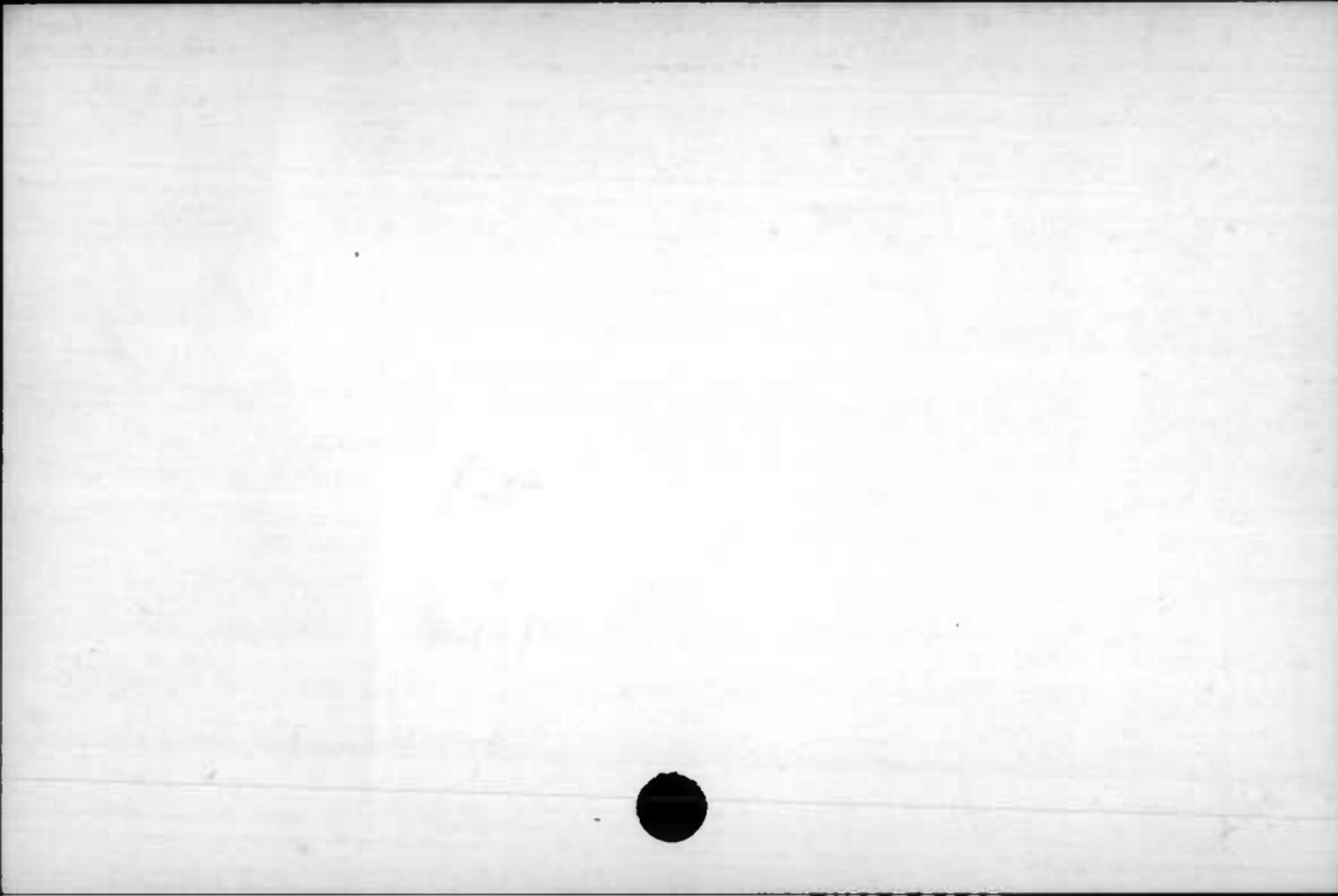
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J.C. Mara M.D.
St. Agnes' Hospital

Accident or Suicide?



Name
in
Full

Darrett

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at George		Town	County Baltimore		MARYLAND	
Date of death 1905	Month Nov	Day 18	Age 7	Years -	Months -	Days 3
Sex Female	Color or Race White	Birth-place George				
Occupation et	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name Wm Darrett	Father's Birthplace Baltimore Co.					
Mother's Maiden Name Emma Board	Mother's Birthplace " "					
Name of person giving information Wm Darrett	How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Gastro Enteric Hemorrhage How long 2 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

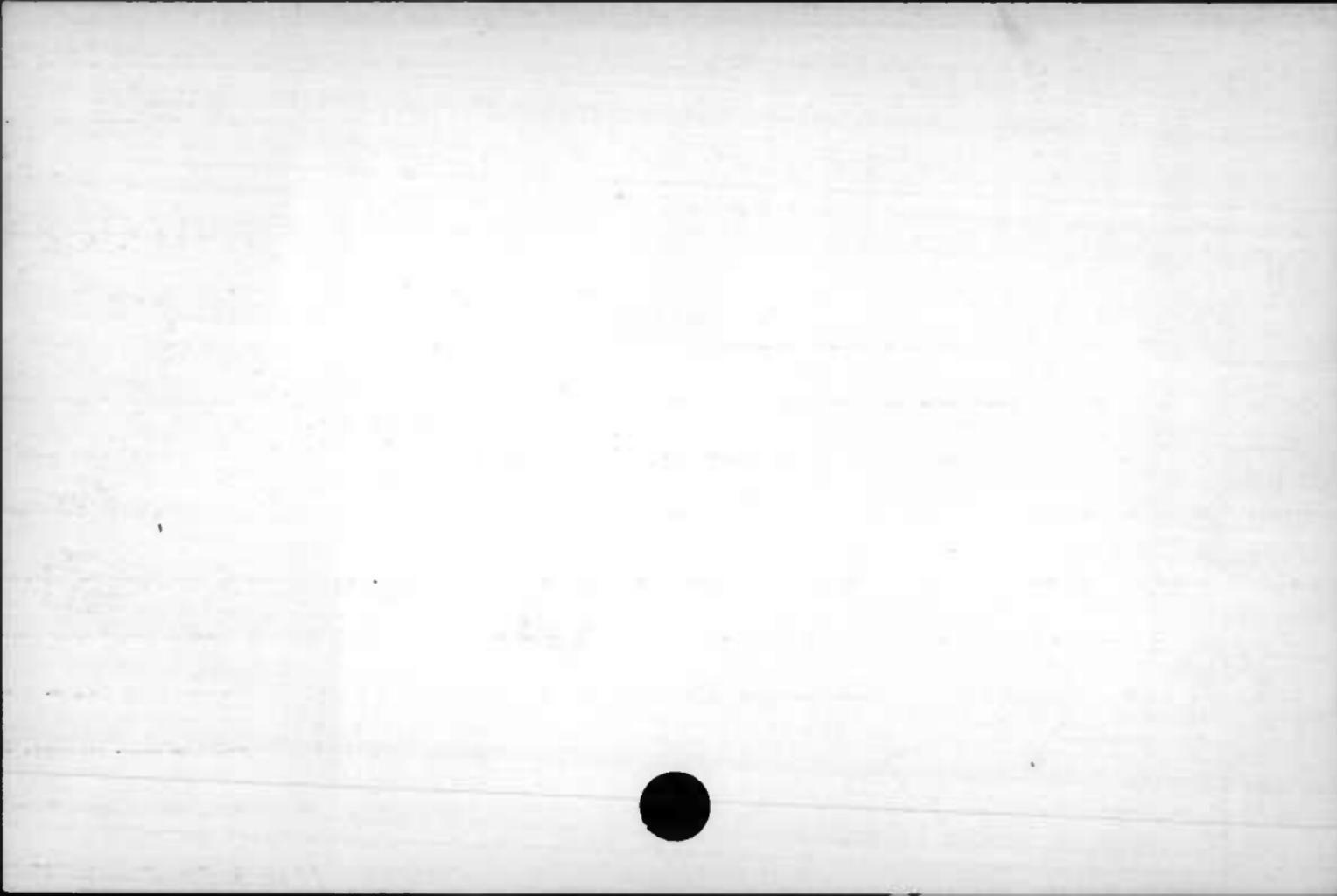
yes

Signature of Physician

Address

G. A. Atteys
2 Hudson St

Accident or Suicide?



Name
in
Full

Catharine Dash

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Birth-place	Baltimore	
Occupation	Housewife					
Married, Single	Where Residing if not at place of death					
Father's Name	Name of Wife or Husband					
Mother's Maiden Name						
Name of person giving information	Adam Dash					
Mr. Bugman						
Quitman						
Husband						

CAUSES OF DEATH

Primary

Aphoplexy.

67

How long

3 months

Immediate

Cereplesy.

How long

3 months.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

F. le. Elected in D.
Spurred Point.

Accident or Suicide

H V Sanders from
Mr Carmel Audley

Name
in
Full

Geo. W. Savage

171

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month Mar	Day 22 nd	Years 55	Months . H	Days 10
Sex	Male	Color	— Colored		Birth-place	Baldo, co Md
Occupation	Farmer		Where Residing if not at place of death			
Married or widowed	Married	Name of Wife or Husband	Josephine Blair			
Father's Name	Benj. Savage		Father's Birthplace Cecil co Md			
Mother's Maiden Name	Cynthia Meads		Mother's Birthplace Baldo. co Md			
Name of person giving information	Fred. Savage		How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Rheumatism	76	How long ten years
Immediate	Valvular Heart Disease		How long one year.

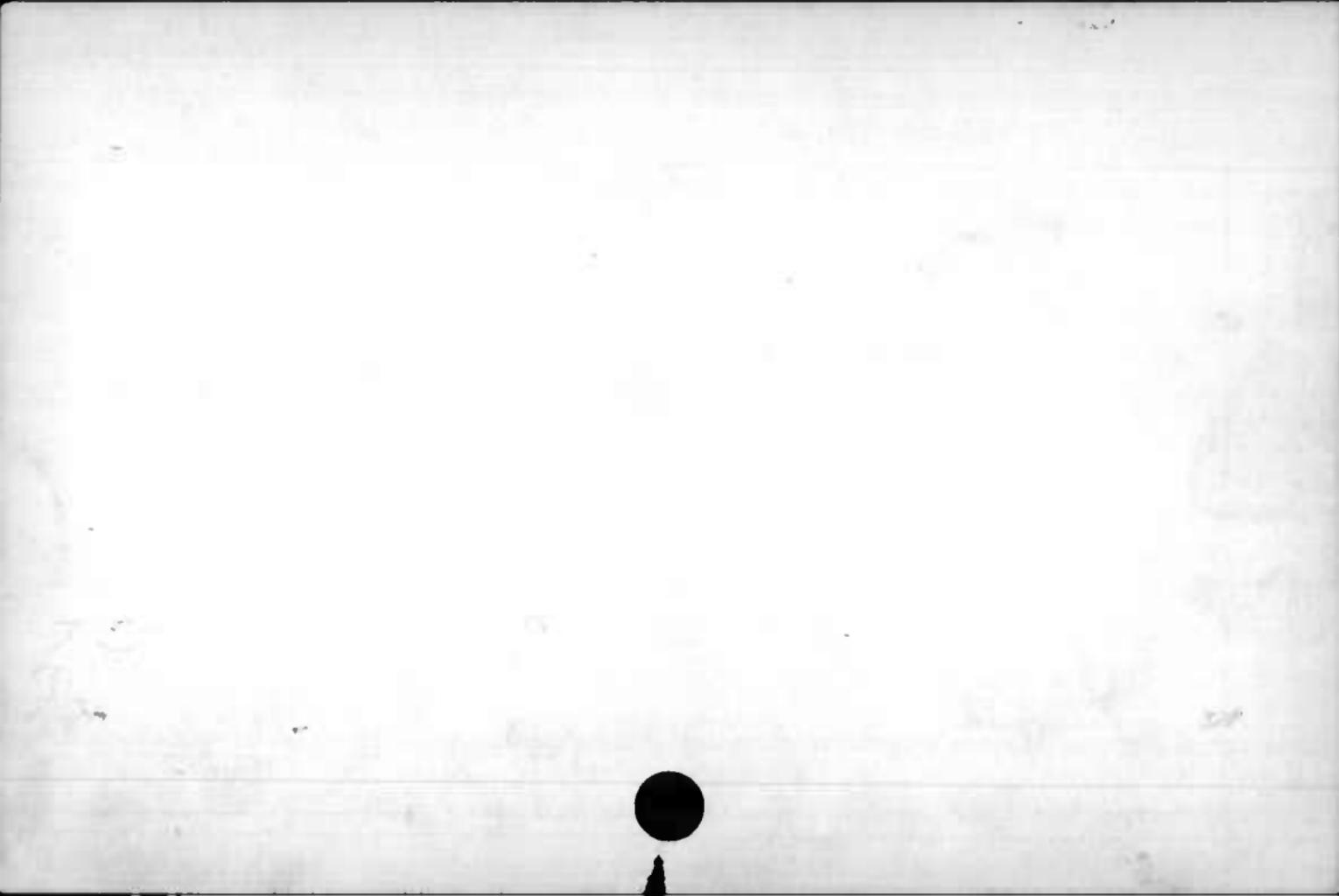
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. S. Green
Sittings

Accident



Thos. P. Dent

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIENDDied at HighlandtownCounty Balto

MARYLAND

Date of death 1905 Month 3Day 24

Years

Months

Days

Age 24Sex MaleColor or Race whiteBirth-place Balto. CoOccupation noneWhere Residing if not
at place of death 235- E. LombardMarried, Single
or WidowedName of Wife or
Husband —Father's Name Thos DentFather's Birthplace BaltoMother's Maiden Name Groce GesnerMother's Birthplace "Name of person giving
Information J. KennyHow related
to deceased none

CAUSES OF DEATH

Primary

Masacrum.How long 2 weeks.

Immediate

Exhaustion.15VHow long 12 hours.Are the name, age, sex, color, date
and place correctly given above?yes.Signature of
Physician Thos. L. MaximAddress 13 1/2 Sough.Accident or Suicide? noHighlandtown.

J Kernig & Son
Trinity hem.

3/26/65

Name in Full

Certificate of Death

Michael Dolay
 Town: Balti, Co: Albermarle
 County: Ireland

MARYLAND

Died at

Date 1905

Month 3

Day 8

Y.

M.

D.

Native of

Occupation

Male

White

Age

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

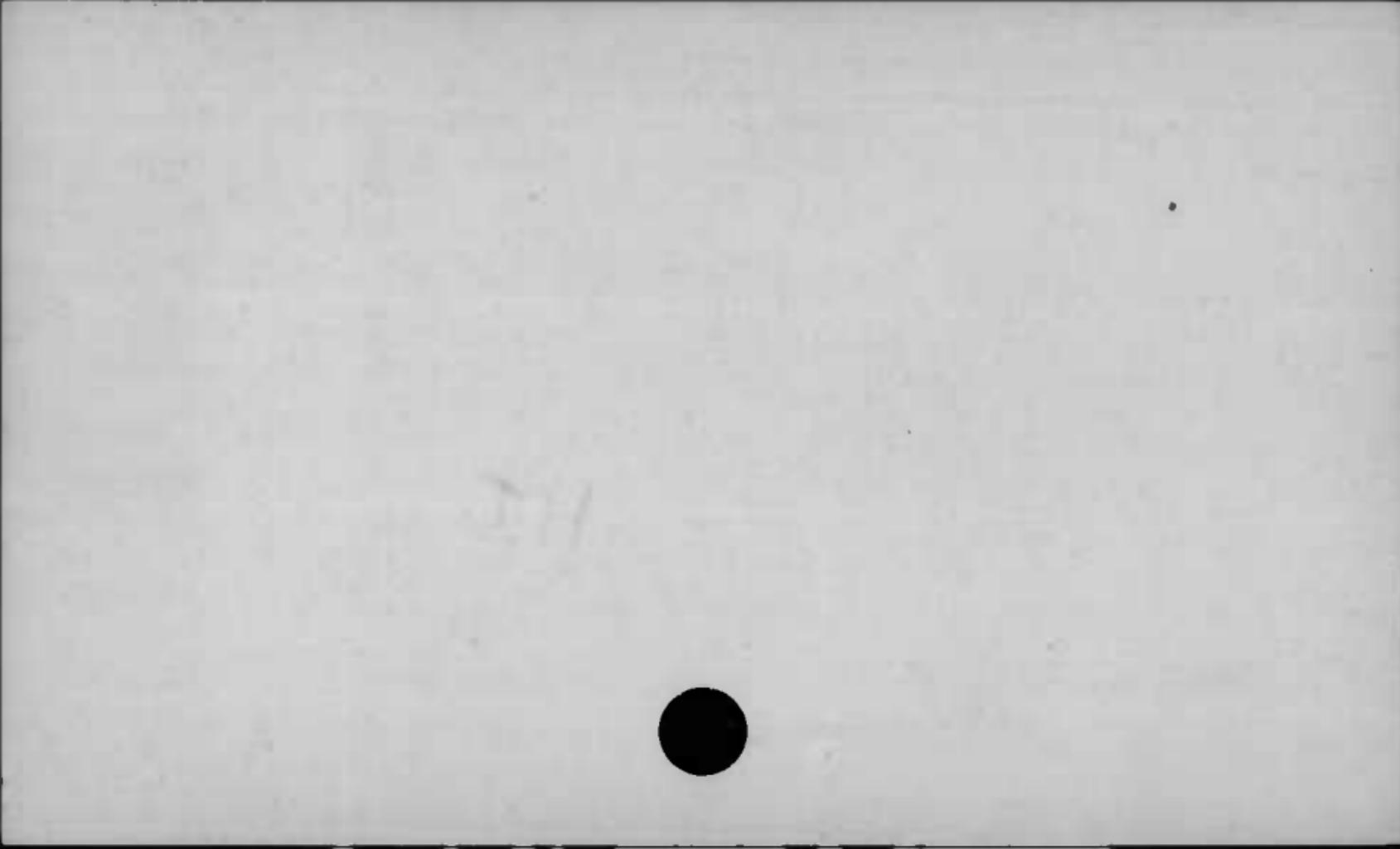
Hepatitis 114 How long sick
 Dr. T. G. Bussay about 1 month
 Texas

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Patrick Woud

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Eudowood Sanitorium</u>		Town <u>Baltimore</u>	County <u>Baltimore</u>	MARYLAND	
Date of death <u>1905</u>	Month <u>3</u>	Day <u>17</u>	Years <u>34</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>white</u>			Birth-place <u>unknown</u>	
Occupation <u>Laborer</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband			Father's Birthplace <u>Ireland</u>	
Father's Name <u>Wout Knuw</u>			Mother's Birthplace <u>Ireland</u>		
Mother's Maiden Name <u>Wout Knuw</u>			How related to deceased <u>None</u>		
Name of person giving Information <u>Miss Hoffman</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>one year</u>
Immediate <u>Exhaustion</u>	How long <u>two months</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr. Garrett</u>
yes	Address <u>Tolson, Md.</u>
Accident or Suicide? <u>No</u>	

H. C. Weisfeld
91st Green Mt Ave.

Bonni Bras.

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary Beatrice Bunkerly

CERTIFICATE OF DEATH

Died at St Denis

Town

County

Baltimore

MARYLAND

Date of death 1905 Month March Day 23 Years 1 Months 8 Days 26

Sex Female

Color or
Race

White

Birth-
place

Hanover, Md

Occupation

Where Residing if not
at place of death

St Denis, Md

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Harry W. Bunkerly

Father's
Birthplace

Md.

Mother's
Maiden Name

Kate Kavanaugh

Mother's
Birthplace

Md.

Name of person giving
Information

H.W. Bunkerly

How related
to deceased

Father

CAUSES OF DEATH

Primary

Extensive Superficial burn

How long

2 days

Immediate

Shock

How long

12 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

M.R. Eareckson
Elk Ridge, Md.

Address

Accident or ~~other~~

C. A. R. Eng.

Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

William George East

Died at		Town	County		MARYLAND	
Died at	Bickeyville		Baltimore			
Date of death	Month	Day	Years	Months	Days	
1905	March	9, st	44	two	three	
Sex	Male	Color or Race	White	Birth-place	Baltimore	
Occupation	Laborer		Where Residing if not at place of death	Bickeyville		
Married, Single or Widowed	Married	Name or Wife of Husband	Elizabeth East			
Father's Name	Caleb J. East		Father's Birthplace	Md.		
Mother's Maiden Name	Mary Ann Ware		Mother's Birthplace	Md.		
Name of person giving information	Geo. J. East		How related to deceased	Brother		

CAUSES OF DEATH

Primary	Tuberculosis		How long	1 year
Immediate	Intestinal Tuberculosis		How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	A. C. Smith	
Yes		Address	Woodlawn Sta Md	
Accident or Suicide?				

Lorraine Cem.
Jos B Cook

**Name
in
Full**

Edward J. M. L. Echo
Died at ^{Town} Mt. Murray ^{County} Salto

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

NEAREST FRIEND

Died at <u>W. M. Morris</u>			<u>Baltimore</u>			MARYLAND	
Date of death <u>1905</u>	Month <u>3</u>	Day <u>7</u>	Years			Months <u>7</u>	Day <u>17</u>
Sex <u>Male</u>	Color or Race <u>White</u>				Birth-Place <u>W. M. Morris</u>		
Married, Single or Widowed <u>X</u>	Occupation						
Name of Wife or Husband <u>X</u>							
Father's Name <u>Wm. A. Echo</u>				Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Elvina O'Connell</u>				Mother's Birthplace <u>D. C.</u>			
Name of person giving Information <u>Elvina Echo</u>				How related to deceased <u>Mother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

67

How long

Immediate

How long

Conclusions

^g 12 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address:

dress ~~to~~ ~~to~~ ~~to~~
Mr. Morris
To bury at ~~2~~ and in Park

Accident or Suicide?

16 51

Name
in
Full

George Washington Elliott

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1905-	Month	Day	Years	Months	Days	
5-	March	27	86	Ten	26	
Sex	Male	Color or Race	White	Birth-place	White-hall	
Married, Single or Widowed	Married	Occupation	Retired Merchant.			
Name of Wife or Husband	Eliza E. Elliott					
Father's Name	Abraam Elliott		Father's Birthplace			
Mother's Maiden Name	Margaret Cunningham		Mother's Birthplace			
Name of person giving information	Mrs. E. H. Mays		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Galvular Disease of Heart	How long	2-3 years
Immediate	Collapse	How long	12-15 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	a. C. Mitchell
		Address	Worthington, Md.
Accident or Suicide?			



Name
in
Full

John W Ensor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1905	Month 3	Day 14	Years 62	Months	Days
Sex	Male	Color or Race	White	Birth-place	Baltimore	
Occupation	Laborer		Where Residing if not at place of death	Baltimore Almshouse		
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	John Ensor		Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving information	L. A. Skipper		How related to deceased	Son in Law		

CAUSES OF DEATH

Primary

Mitral Regurgitation &
Dilatation of Heart.

How long

Came to Institution

Immediate

How long

Mar. 13th 05

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. Phos. C. Bussey

Streas S
Md.

Accident or Suicide?

No

Burke at Bodleys
by Edward Price

Name
In
Full

Margaret Enge

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Parkville	Baltimore			
Date of death	Month	Day	Years	Months	Days
1905	March	9	63	—	—
Sex	Female	Color or Race	white	Birth-place	Med
Married, Single or Widowed	Married	Occupation	None	Father's Birthplace	Med
Name of Wife or Husband	Frank G. Enge			Mother's Birthplace	Med
Father's Name	George Rodgers Rohr			How related to deceased	Daughter
Mother's Maiden Name	Margaret Rohr				
Name of person giving information	George P. Enge				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Dyspepsia	10 ¹	How long	4 yrs.
	Immediate	Senile debility	-	How long	4 mos.
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	George A. Lang, M.D.	
			Address	Hamilton	
Accident or Suicide?					

Cemetery of Immaculate
Conception
+ Lassahan + Son

Balls

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<i>Eleanor W. Ettinger.</i>				CERTIFICATE OF DEATH		
Died at		Town	County	MARYLAND		
Date of death	1905	Month March	Day 18	Age 43	Years	Months 5
Sex	Female	Color or Race	white	Birth-place	Md.	
Married, Single or Widowed	Single	Occupation				
Name of Wife or Husband						
Father's Name	<i>Geo. W. Ettinger</i>			Father's Birthplace	<i>Baltimore</i>	
Mother's Maiden Name	<i>Mary Boulard</i>			Mother's Birthplace	<i>Md.</i>	
Name of person giving information	<i>Edith Collett</i>			How related to deceased	<i>Sister</i>	

CAUSES OF DEATH

Primary

Acute Paroxysm of Malaria

How long

3 weeks

Immediate

Exhaustion.

How long

2 hours

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Dr. L. Spear M.D.

3 and 1/2 miles

Highlandtown -

Accident or Suicide?

No

London Park Cemetery
Klandu Division

Name
in
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Harriette ~~Evans~~ Eyire
Died at ~~Hampton~~ County Ballito.

CERTIFICATE OF DEATH

MARYLAND

Date of death 1905	Month 3	Day 12	Years 6	Months 8	Days
Sex Female	Color or Race white	Birth-place Ballito.			
Occupation Nurse	Where Residing if not at place of death Hampton				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Walter Eyire	Father's Birthplace Md.				
Mother's Maiden Name Cathrine Summers	Mother's Birthplace Md.				
Name of person giving information Walter Eyire	How related to deceased Father.				

CAUSES OF DEATH

Primary Tubercolosis.	How long Two years
Immediate Insured ability	How long one year

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. H. Garrett

Address

Two -

Accident or Suicide?

John Burns Sons
Providence Conn

Name
in
Full

Elizabeth A Foss

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	female	Color or Race	white	Birth-place	Baltimore	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife Husband		36 Wrenwood Ave Gowans town			
Father's Name	Widow Mrs W Foss					
Mother's Maiden Name	Hugh Rabanson					
Name of person giving information	Elizabeth Bonasock Mrs L B Hancock					
How related to deceased Daughter						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

10 Days

Immediate

—

How long

..

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Elizabeth W. Foss

Address

601 Bator Ave

Accident or Suicide?

Dr. Garrison
old York Road & Cemetery

Burial at Friends
Burial Cemetery
Wm Coop Jr.
Dr. Faith Day

Name
in
Full

Doris Fehte

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1905	Month 3	Day 19	Years 74	Months 4	Days 7	
Sex Female	Color or Race White	Occupation Nurse		Germany		
Married, Single or Widowed Widowed	Occupation					
Name of Wife or Husband						
Father's Name	Karl Stephan		Father's Birthplace	Germany		
Mother's Maiden Name	Not Known		Mother's Birthplace	4		
Name of person giving information	Minnie Schivear		How related to deceased	Daughter		

CAUSES OF DEATH

Primary	Chronic Bright's Disease	How long	2 yrs
Immediate	Ex haematuria.	How long	4 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr. Dr. Tsuey
		Address	3 And Google Highlandtown
Accident or Suicide?	100		

PHYSICIAN
OR CORONER

Mount Carmel
H. Sander & Sons

Name
in
Full

Anna Maria Law

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at	Calumetville	Balto				
Date of death	Month	Day	Years	Months	Days	
1905	Mar	13	60			
Sex	Female	Color or Race	white	Birth-place	Ireland	
Occupation	Housewife	Where Residing if not at place of death			Robert Law	
Married, Single or Widowed	Name of Wife or Husband				Thomas Gilpin	
Father's Name				Father's Birthplace	Ireland	
Mother's Maiden Name				Mother's Birthplace	"	
Name of person giving information	Margaret Gilpin			How related to deceased	Niece	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pleurisy

How long

12 days

Immediate

Cardiac Insufficiency

94

How long

24 hr

Are the name, age, sex, color, date and place correctly given above?

yes

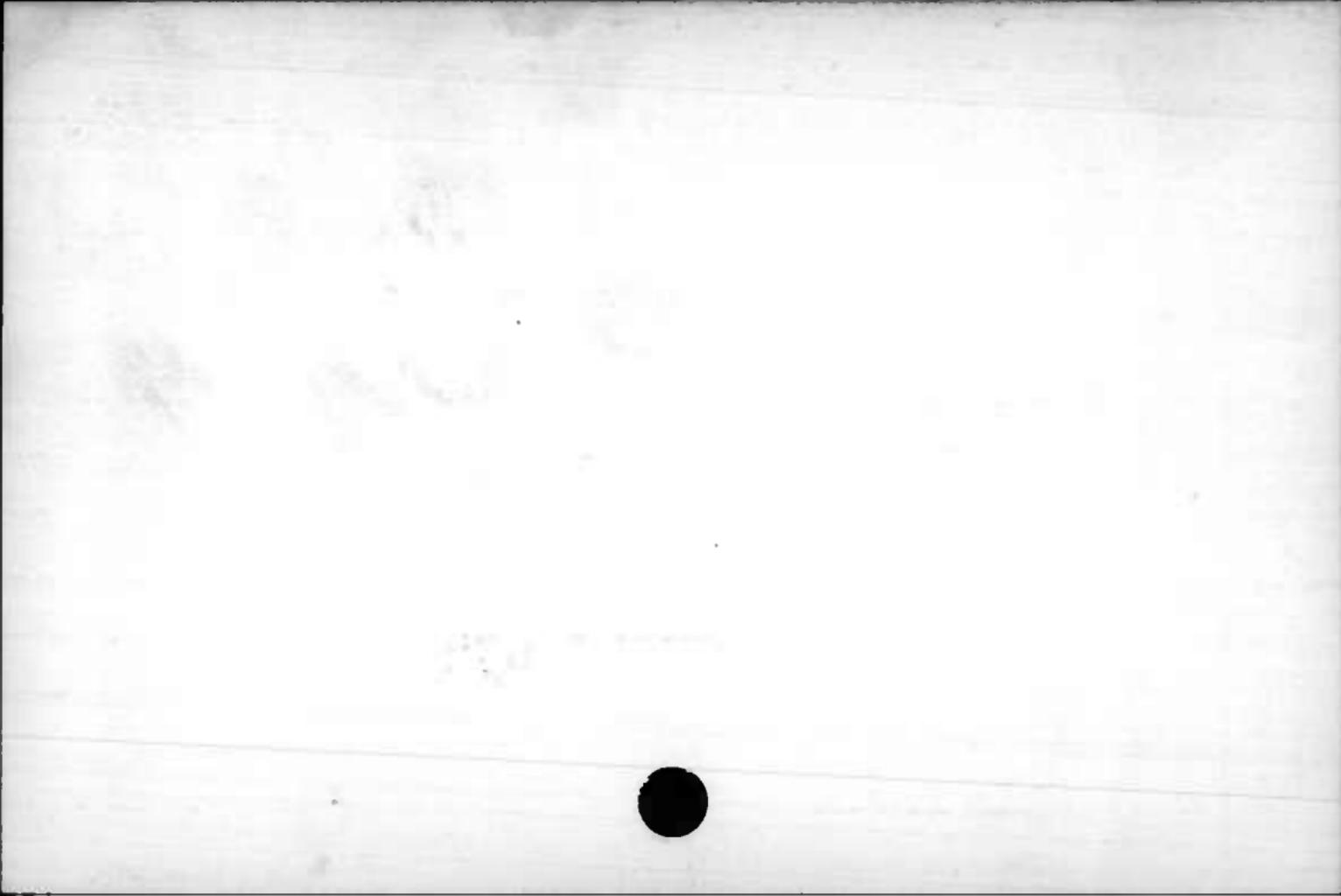
Signature of Physician

Dr. L. Maltfeldt

Address

Calumetville
Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

William Gerring

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Catonsville

Baltimore

Date of death 1905 March

Month

Day

Years

Months

Days

26

69

9

4

Age

Sex male

Color or
Race

white

Birth-
place

Baltimore

Occupation

Builder

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Annie Ruff Gerring

Father's
Name

Jacob Gerring

Father's
Birthplace

Maryland

Mother's
Maiden Name

Leshmann

Mother's
Birthplace

Maryland

Name of person giving
Information

Minnie P. Gerring

How related
to deceased

Daughter

CAUSES OF DEATH

Primary Malignant tumor of prostate
gland (sarcoma)

How long about 18
months

Immediate

Urinary coma

How long

Two days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

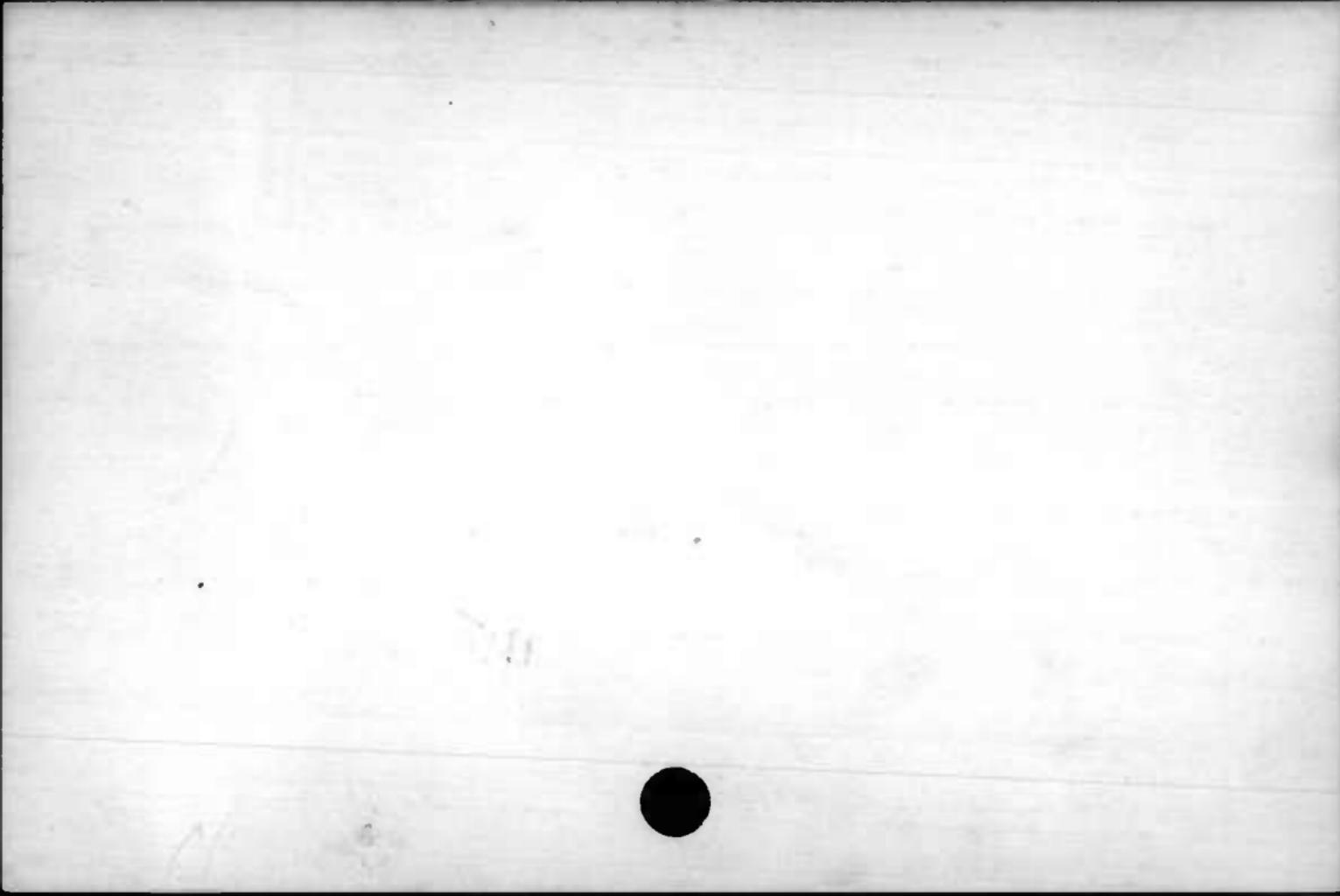
Malvina Magill

Address

Catonsville

MD

Accident or Suicide?



Name
in
Full

George V. Gladdeu

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at:

Town

Sparsow's Point

County

Bell.

MARYLAND

Date
of death

1905

Month

3

Day

13

Years

Age

Months

8 hours

Sex

Male

Color or
Race

White

Birth-
place

Sparsow's Point

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Geo. V. Gladdeu

Father's
Birthplace

Md.

Mother's
Maiden Name

Martha Green

Mother's
Birthplace

Md.

Name of person giving
Information.

Woodward MD

How related
to deceased

None

CAUSES OF DEATH

Primary

Painful Formic Acid

How long

8 hours

Immediate

Cyanosis

How long

8 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

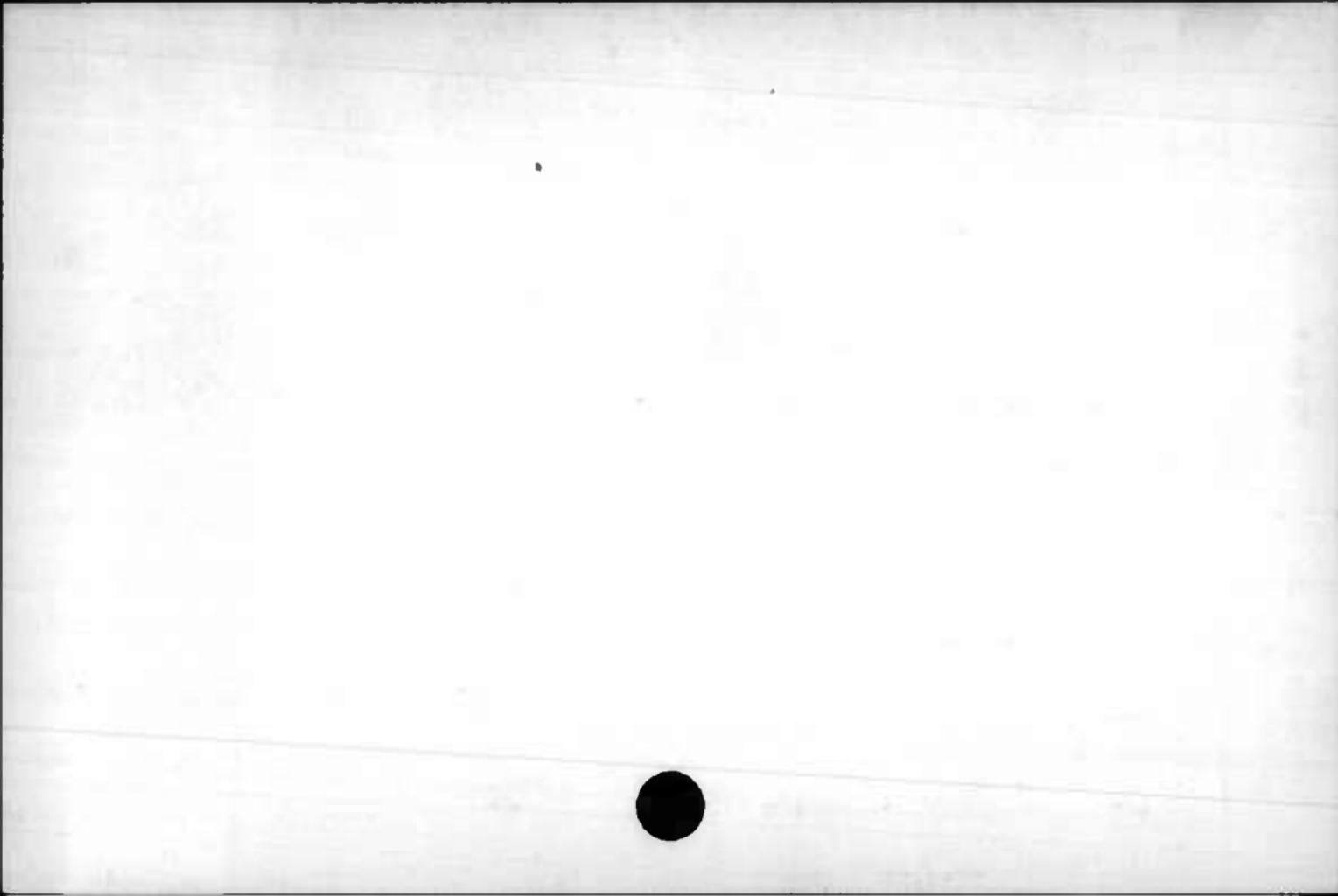
Signature of
Physician

Address

Woodward MD
Sparsow's Point
Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Mattie E Gray
Texas Balto. f

Town County MARYLAND
Died at Texas Baltimore

Date 1905	Month 3	Day 13	Age 24	Y. M. D.	Native of Va	Occupation Housewife
<u>Male</u>	<u>White</u>		<u>Married</u>	<u>Widow</u>	<u>Divorced</u>	
<u>Female</u>	<u>Colored</u>		<u>Single</u>	<u>Widower</u>		<u>Number of children living 2</u>

Husband of Wm Gray

Wife Wife Father's Name

Father's Name

Cause of Death Primary

Death Immediate

Reported by

Address

Mother's Maiden Name Patti Toppe How long sick
Maiden Name Patti Toppe Since Dec 18, 04

Pneumonia V X Accident, Suicide, Homicide

Pulmonary Tuberculosis

Dr. F. H. C. Bussey

Texas Med.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

To be transferred by
Ensor to Price
Lafayette Virginia

Name
in
Full

Wm. J. Gray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month 3	Day 21	Age 44	Years	Months Days
Sex	Male	Color or Race	(Cal)	Birth-place Va		
Occupation	Laborer	Where Residing if not at place of death			Lara Gray	
Married, Single or Widowed	Name of Wife or Husband		Lara Gray			Father's Birthplace Va
Father's Name	Wm. J. Gray					Mother's Birthplace ?
Mother's Maiden Name	?					How related to deceased Son-in-Law
Name of person giving information	Thomas L. Stevenson					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary General Debility 154 How long

Immediate Cardiac Asthma 4 hours How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. Gaynor Green M.D.
Colven Md.

Accident or Suicide?

Robert & Elliott

Sandy Bottom Fawn

Town		County		Native of		Occupation	MARYLAND
Died at	Granite	Baltimore					
Date	1905	Month	May	Day	10 days	and	
Male	White	Age	Married	Widow	Divorced		
Female	Colored		Single	Widower		Number of children living	
Husband of							
Wife							
Father's Name	not known		Mother's Maiden Name		Sadie Green		
Cause of Death	Primary	evidently pulmonary		How long sick			
	Immediate	Delivery		15		Accident, Suicide, Homicide	
Reported by	John T. Isaac (Coroner)						
Address	Granite						

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Eva Gumpeman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month March	Day 17	Years 50	Months	Days
Sex	Female	Color or Race	White	Birth-place	Maryland	
Occupation	Housekeeper			Where Residing if not at place of death	Hobbsville	
Married, Single or Widowed	Name of Wife or Husband			Father's Birthplace	Germany	
Father's Name	George Gumpeman			Mother's Birthplace		
Mother's Maiden Name				How related to deceased		
Name of person giving information						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cerebral Hemorrhage & Septicemia

How long

Immediate

Paralysis

64

How long

sixty days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

H. J. Hobbs

Randallstown

Baltimore

Accident or Suicide?



Name
in
Full

Louisa Hall.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore		County	Baltimore		MARYLAND
Date of death	Month	Day	Years	Months	Days		
1905	Mar	28	5	6	28		
Sex	Female	Color or Race	C	Birth-place	Baltimore Md		
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed	—			Name of Wife or Husband	—		
Father's Name	Caleb Hall			Father's Birthplace	Baltimore Md		
Mother's Maiden Name	Nellie Curry			Mother's Birthplace	Pa		
Name of person giving information	Nicholas Gibson 61			How related to deceased	Uncle		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Left meningo (Cerebral Exhaustion)	How long	3 1/2 month
Immediate		How long	—
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Rex Maufeldt	
	Address	Calverville Md	
Accident or Suicide?			

Name
in
Full

George Elsworth Hallouay

CERTIFICATE OF DEATH

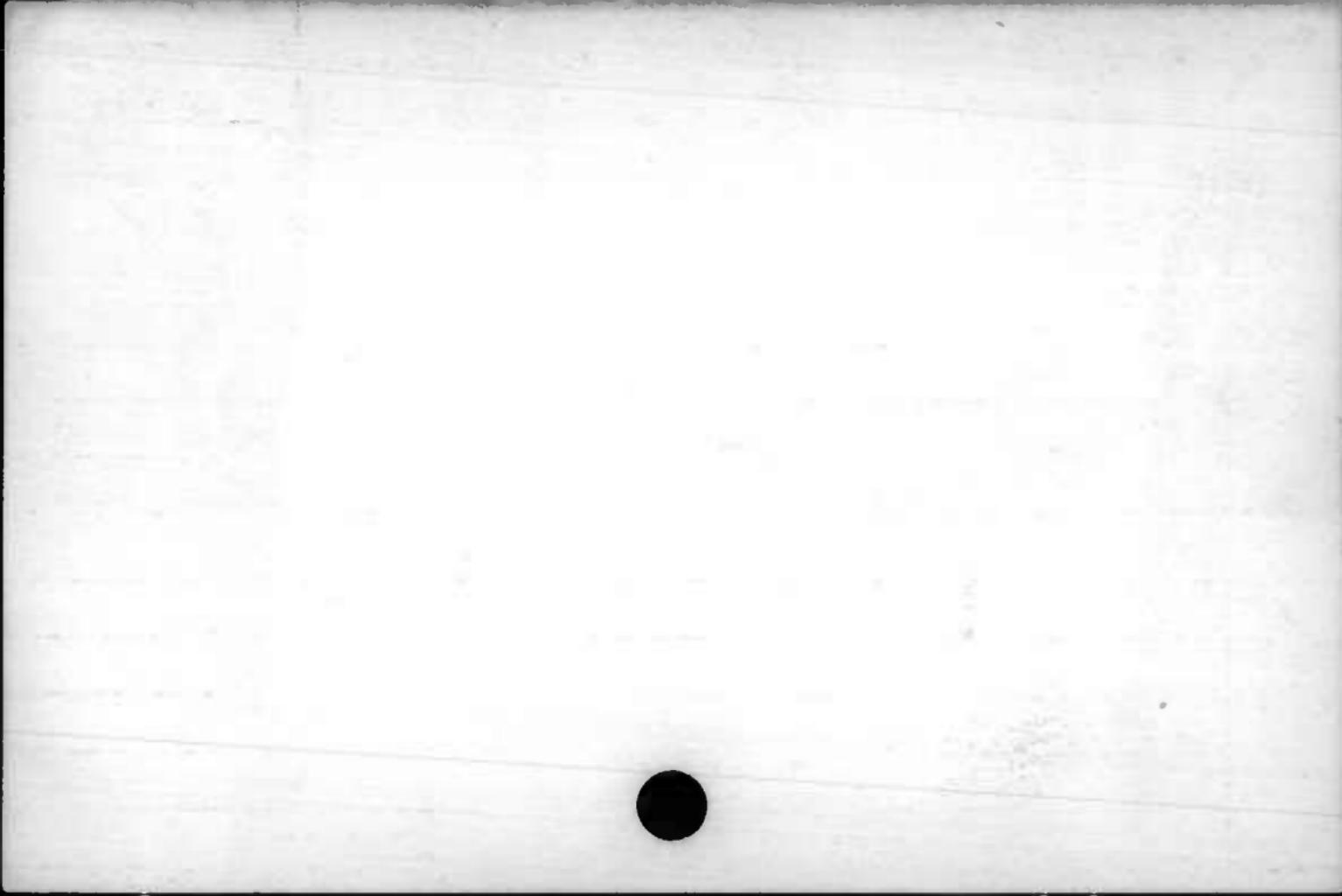
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Maryland	
Occupation	Farmer			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Ella V. Shook			
Father's Name	W. H. Hallouay			Father's Birthplace	Maryland	
Mother's Maiden Name	Trinie Walstrum			Mother's Birthplace		
Name of person giving information	Herbert Hallouay			How related to deceased	Son.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Intestinal Tuberculosis		29	How long	1 year
Immediate	Cardiac Asthenia		1	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	W. Willard Shook	
			Address	Shane, Md.	
Accident or Suicide?					



Name
in
Full

Mary E. Hanbard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	34		
Occupation	Wife	Where Residing if not at place of death			Maryland	
Married, Single	Married	Name or Wife or Husband	C. F. Hanbard			
Father's Name	Geo Hughes	Father's Birthplace				Md.
Mother's Maiden Name	Eliza Fishpaw	Mother's Birthplace				Md.
Name of person giving information	J. M. Fishpaw	How related to deceased				Second Cousin

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Carcinoma of Uterus		How long	2 year
Immediate	Hemorrhage from Uterus		How long	2 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	R. C. Smith	
Yes		Address	Woodlawn Sta. Md.	
Accident or Suicide?				

Mo Alvie Cem

Jos Blook

Name
in
Full

Miss Mary Hannifin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
Date of death	190	Month March	Day 27	Years 58	Months	Days
Sex	Female	Color or Race	White		Birth-place	Mass.
Occupation	Nurse		Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis How long

Immediate Gastritis How long

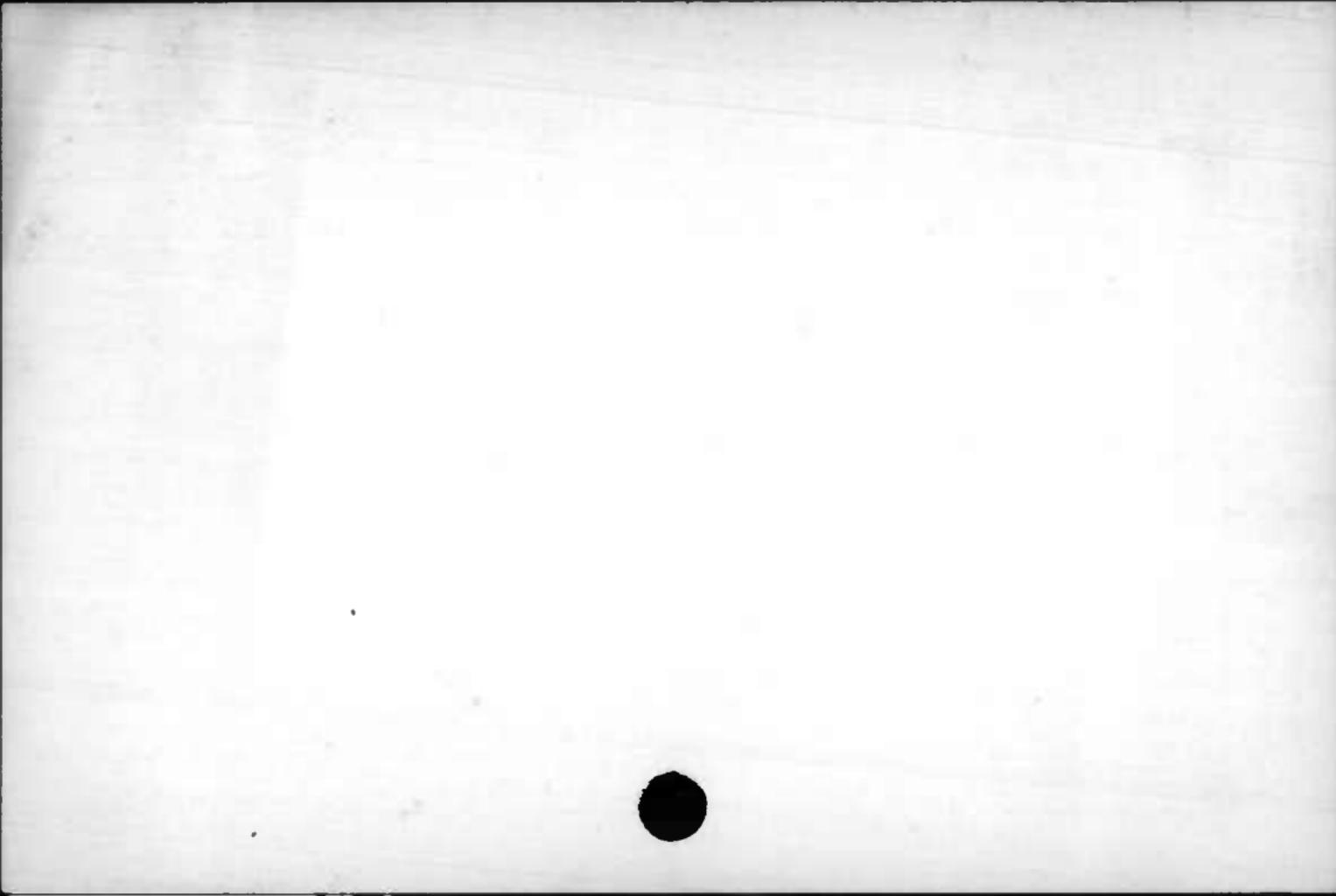
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. G. Mara M.D.
St. Agnes Hospital

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Jennie Harris

Town

County

CERTIFICATE OF DEATH

Died at

Lower

Baltimore Co.

MARYLAND

Date

of death 1905

Month

3

Day

16

Age

Years

8

Months

—

Days

—

Sex

Female

Color or
Race

(Cal)

Birth-
place

U.S.

Occupation

Schoolgirl

Where Residing if not
at place of death

Lower

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Henry Harris

Father's
Birthplace

Md

Mother's
Maiden Name

Jennie Peyton

Mother's
Birthplace

Va

Name of person giving
Information

Berly Harris

How related
to deceased

Cousin

CAUSES OF DEATH

Primary

General Tuberculosis

How long

14 Months

Immediate

Cardiac Asthma

How long

24 hours

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. Peyton Green W.D.
Lower U.S.

Accident or Suicide?

Robt Elliott

Roger Guerne

Sandy Bottom Tailor

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Baltimore Abinghouse</u>		Town	County	MARYLAND	
Date of death <u>1905</u>	Month <u>3</u>	Day <u>14</u>	Year <u>August 75</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>white</u>			Birth-place <u>Germany</u>	
Occupation <u>Labourer</u>	Where Residing if not at place of death <u>Baltimore Abinghouse</u>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

27

had it when

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

D. Ross Bussell
Texas
Md.

Accident or Suicide?

To be buried at Lutheran Church
Chestnut Ridge, by
"Ensor & Price."

Name
in
Full

John Hemling

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		
St. Agnes' Hospt		Baltimore MARYLAND		
Date of death	Month	Years	Months	Days
190	Mar.	42	Age	37
Sex	Male	Color or Race	White	Birth-place
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Singl				
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			
25				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis
Exanthem

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. P. Mara M.D.
St. Agnes' Hospital

Accident or Suicide?



Name
in
Full

Hezekiah Henderson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>New Delta</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>Mar</u>	Day <u>11</u>	Age <u>67</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>C.</u>	Birth-place <u>Md</u>			
Occupation <u>Labmen</u>		Where Residing if not at place of death <u>Sarah Henderson</u>			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name					Father's Birthplace
Mother's Maiden Name					Mother's Birthplace
Name of person giving information					How related to deceased <u>Son in Law</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Severe Sanguine Exhaustion

How long

3 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

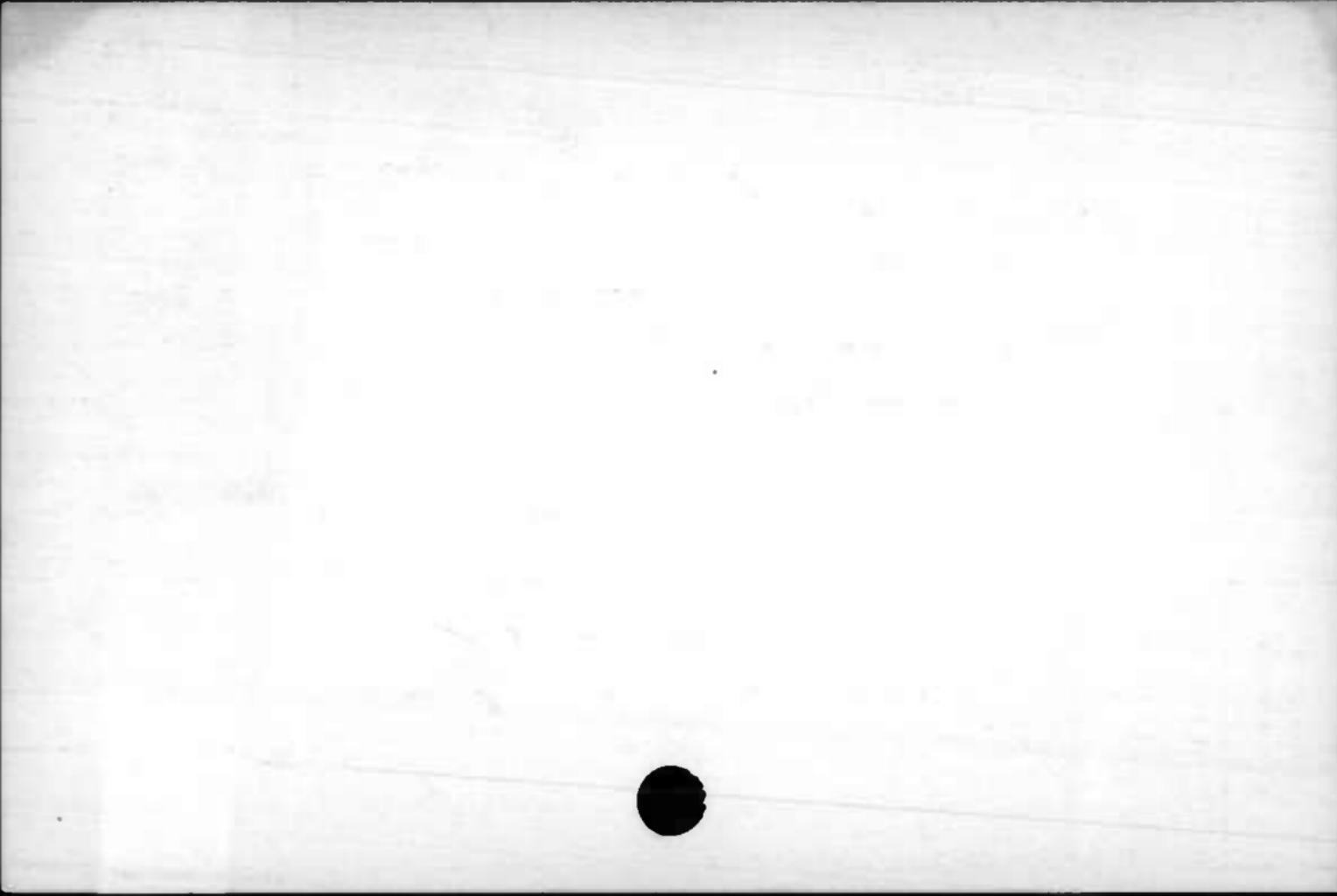
Signature of Physician

Abel Manfeldt

Address

Columbia Md

Accident or Suicide?



Katherine Hesse

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town			County			MARYLAND					
	Highlandtown			Balto.								
Date of death	1905	Month	3	9	day	Age	27	Years	5	Months	4	Days
Sex	Female			Color or Race	White			Birth-place	Balto.			
Occupation	House wife			Where Residing if not at place of death			#236 Mt. Pleasant Ave.					
Married, Sing. or Widowed	Married			Name of Wife or Husband	Wm. Hesse			Father's Name	Wm. Hesse			
Father's Name							Father's Birthplace					
Mother's Maiden Name	Unknown						Mother's Birthplace	Unknown				
Name of person giving information	Wm. Hesse						How related to deceased	Husband				

CAUSES OF DEATH

Primary	Salpingitis of tubes of Ovary		How long	4 weeks
Immediate	Ostrectomy		How long	1 week
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	J. Schleifer
			Address	1400 Federal St.
Accident or Suicide?				

MT Carmel, Iam.
J Herwig & Son
200 & Orleans
St
3/12/05

Name
in
Full

Susie Hilgaertner

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Sunnybrook</u>		Town <u>Balto</u> County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1905	March	23	Age 37	5	14
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Balto. Co. Ind</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Husband <u>Louis J. Hilgaertner</u>				
Father's Name <u>Joseph Meyers</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Fyanna Mumma</u>	Mother's Birthplace <u>Pa</u>				
Name of person giving information <u>Louis Hilgaertner</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

Primary

Pulmonary tuberculosis

How long

Three years

Immediate

27

How long

" "

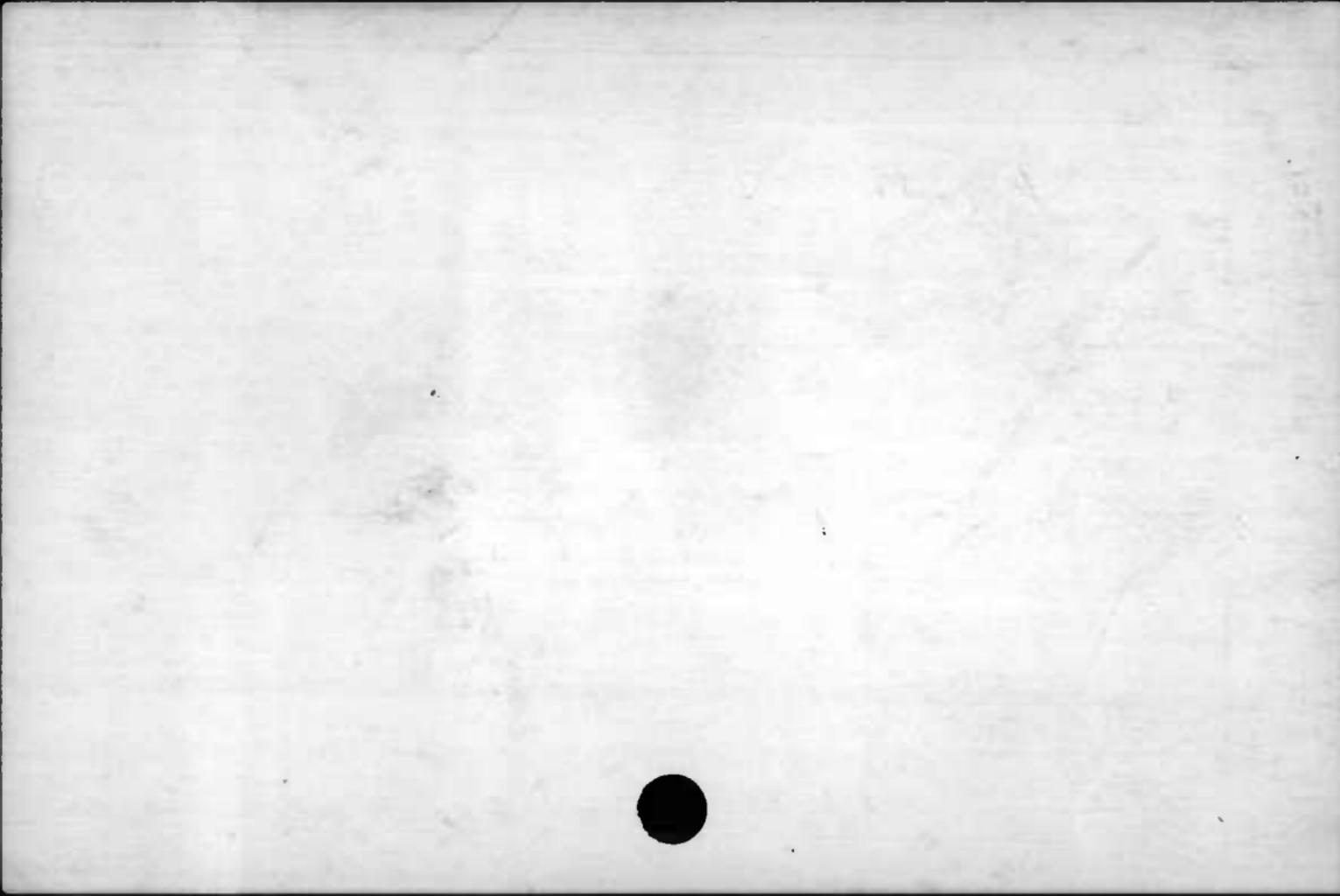
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J.W. Schenck
Sittinger

Accident or Suicide?



Name
in
Full

Emily C Horvis

CERTIFICATE OF DEATH

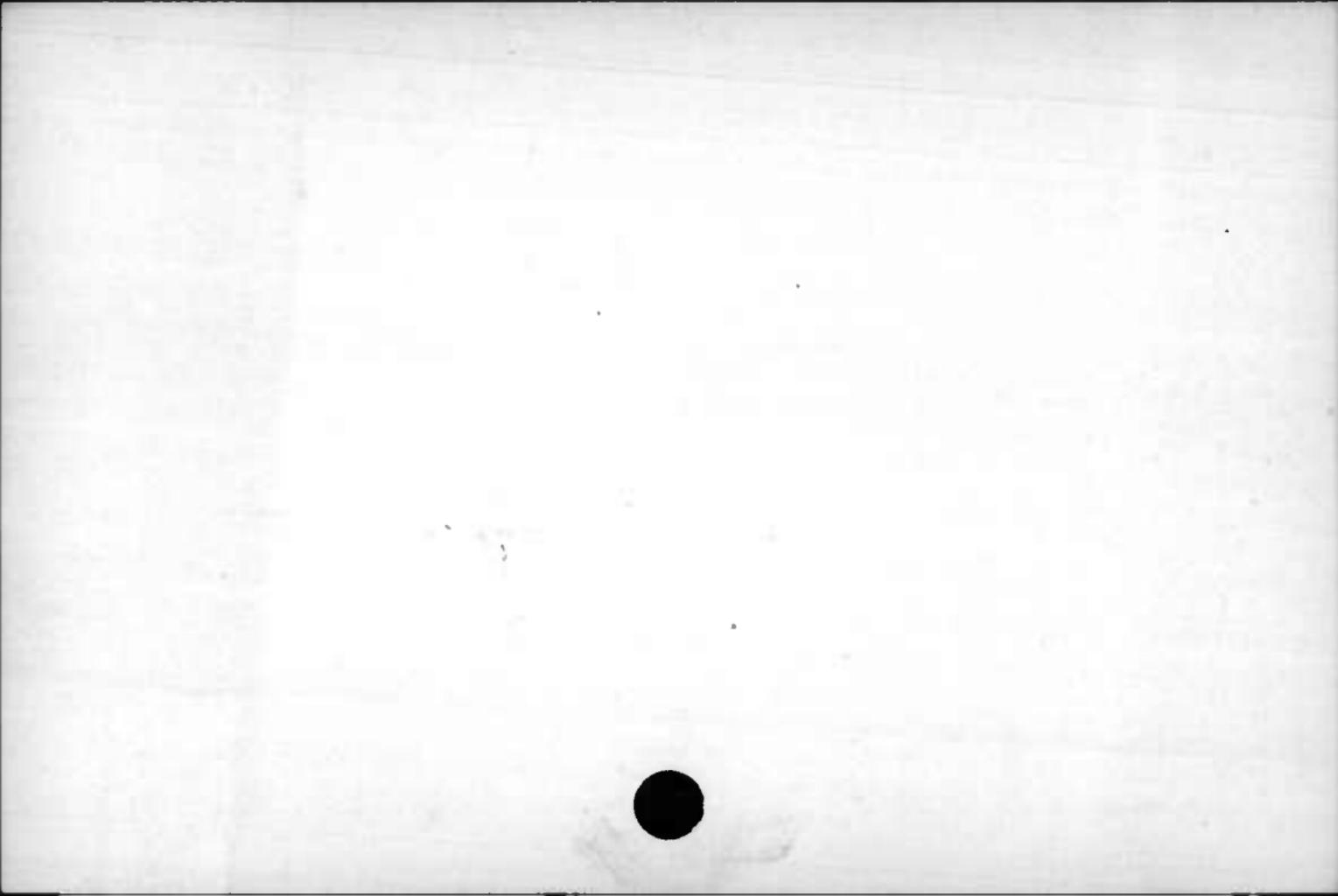
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1905	March	10 th	Age 59	unknown	unknown	
Sex	Female	Color or Race	White	Birth-place		
Occupation	Wife of Shoemaker			Where Residing if not at place of death	Chamberlayne Pa -	
Married, Single or Widowed	Married	Name of Wife or Husband			unknown -	
Father's Name	Unknown			Father's Birthplace	Unknown	
Mother's Maiden Name	"			Mother's Birthplace	"	
Name of person giving information	Reeds M. Stope			How related to deceased	Not at all	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Maladolia	93	How long about 1 year
Immediate	Pul. Stasis & Pneumonia		How long 4 or 5 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Frank J. Flannery
		Address	Mt St. Home Retreat Baltimore Md -
Accident or Suicide?			



Name
in
Full

Thomas Irving

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
Date of death	190	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age 37		Birthplace	
Occupation	None		Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband			
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information	27			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis.	How long
Immediate	Exhaustion	How long

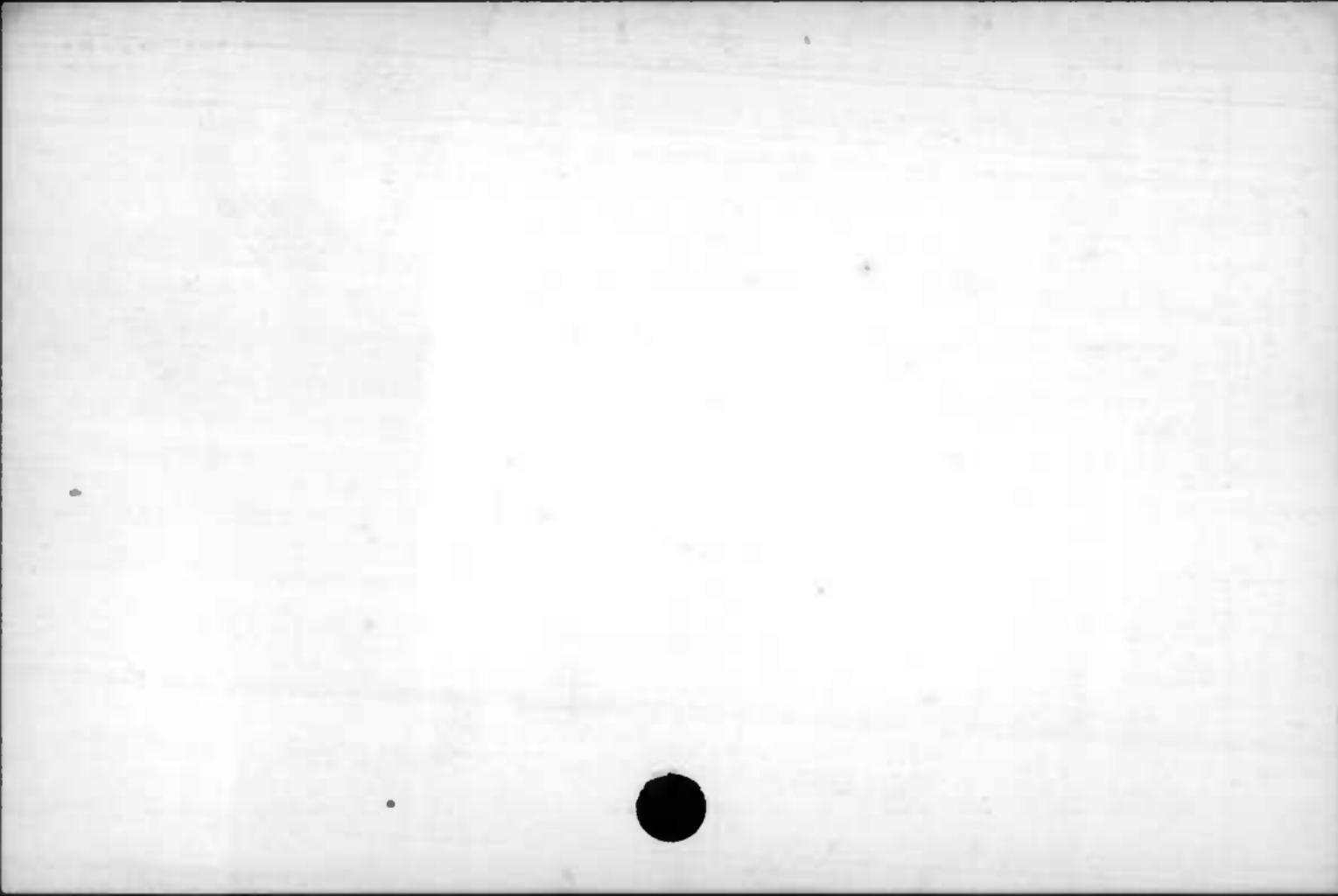
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. T. Mara M.D.
St. Agnes Hospital

Accident or Suicide?



Name
in
Full

Baby Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town Catonsville	County Baltimore		MARYLAND	
Date of death	Month 1905 March	Day 22	Years Age	Months —	Days —	
Sex female	Color or Race white	Birth- place Catonsville				
Occupation —	Where Residing If not at place of death —					
Married, Single or Widowed Single	Name of Wife or Husband —					
Father's Name John T Johnson	Father's Birthplace Md					
Mother's Maiden Name Ella Neighoff	Mother's Birthplace Md					
Name of person giving Information Mother	How related to deceased					

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Born dead.	S.	How long
Immediate	Still Born.	S.	How long

Are the name, age, sex, color, date
and place correctly given above?

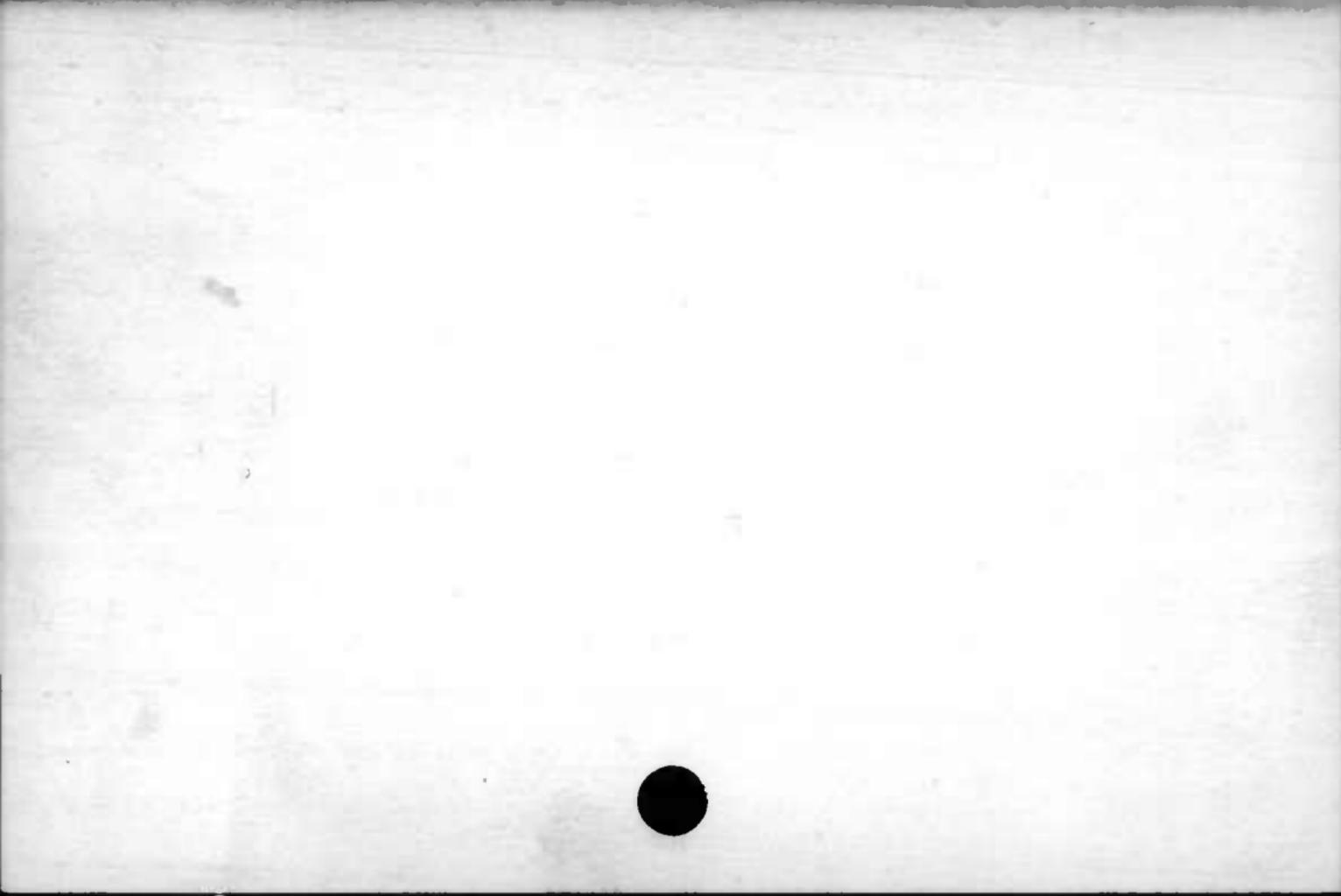
yes

Signature of
Physician

Address

Marshall B West
Catonsville Md.

Accident or Suicide?



Name
in
Full

Stephen Henry Jordon

1725

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Franklinville Town Balto. County Co.

MARYLAND

Date of death 1905 Month March Day 23 Age 81 Years Months Days

Sex Male Color or Race white Birth-place Vermont

Occupation Iron Worker Where Residing if not at place of death Franklinville

Married, Single or Widowed

Name of Wife or Husband

Sarah Elizabeth

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

Alary E. Wells

How related to deceased

daughter

CAUSES OF DEATH

Primary Bright's disease

How long 10 weeks

Immediate Heart failure

How long 24 hrs.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Charles Bagley M.D.

Bagley, Harford Co. Md.

Accident or Suicide?

neither

one

Intervent Mountain.
Christiansburg
McLo 25th

Name
in
Full

Jennie Mr. Keller

CERTIFICATE OF DEATH

To be ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	white	Birth-place	Balto.co.Md
Occupation	House wife				
Married, Single or Widowed	Married	Name of Wife or Husband	Arthur D. Keller		
Father's Name	George Bhugars				
Mother's Maiden Name	Julia Yingling				
Name of person giving Information	Arthur D. Keller				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary ~~Promotional Birth~~

How long ~~Two weeks~~

Immediate ~~Septicemia~~

How long ~~10 days~~

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

~~N. Mr. Seader~~
Risterstown

Accident or Suicide?



Name
in
Full

John F. Keller

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Gorans town		Town Baltimore		County Baltimore	
Date of death 1905	Month Mch	Day 1	Years Age 68	Months 3	Days
Sex Male	Color or Race white	Birth- place Baltimore			
Married, Single or Widowed		Occupation Justice of the Peace			
Name of Wife or Husband Louisa R. Gray		Father's Birthplace Baltimore			
Father's Name Andrew J. Keller		Mother's Birthplace Germany			
Mother's Maiden Name Margaret Retassell		How related to deceased wife			
Name of person giving Information Louisa R. Keller					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cysipelas	How long one week
Immediate Heart failure	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician E. M. Duncan
	Address Gorans town Md

Accident or Suicide?

George Schilling.

Sondon Park.

Name
in
Full

Violet Kerr

CERTIFICATE OF DEATH

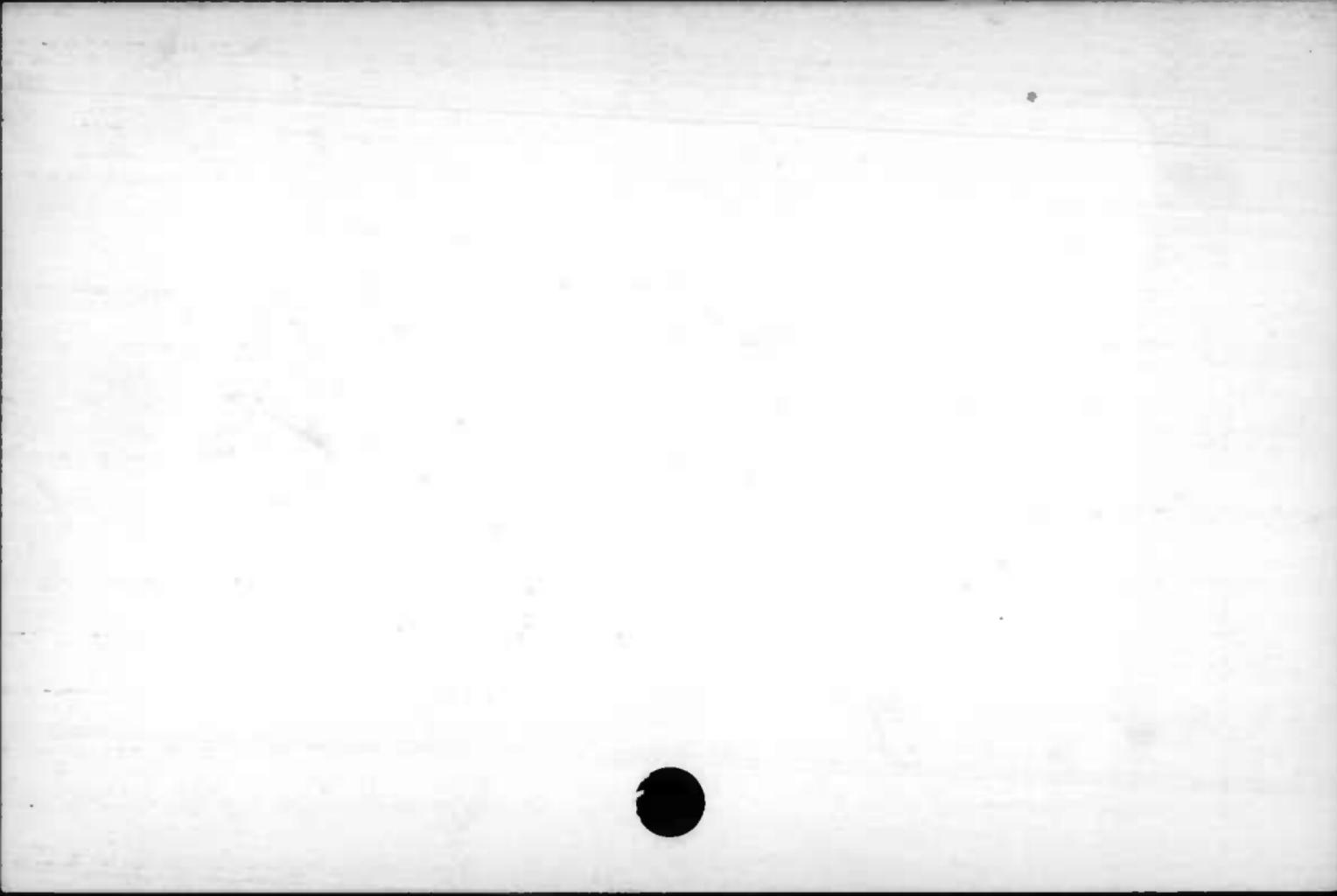
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bentley's Spring</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death <u>190</u>	Month <u>3</u>	Day <u>9</u>	Years <u>84</u>	Age	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>near Bentley's</u>				
Occupation <u>House wife</u>	Where Residing if not at place of death <u>near Bentley's</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Daniel Kerr</u>	Father's Birthplace <u>don't know</u>				
Father's Name <u>John Wheatley</u>	Mother's Birthplace <u>—</u>					
Mother's Maiden Name <u>don't know</u>	How related to deceased <u>Brother - Law</u>					
Name of person giving information <u>M J Kerr</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>old age</u>	<u>64</u>	How long <u>12 days</u>
Immediate <u>apoplexy bronchitis, affey</u>		How long <u>" "</u>
Are the name, age, sex, color, date and place correctly given above? <u>I know</u>	Signature of Physician <u>E N Geary</u>	
	Address <u>5 Lower Court Rd</u>	
Accident or Suicide? <u>—</u>		



Name
in
Full

Mary J. Kirk

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month March	Day 28	Age 91 -	Years	Months - Days 20
Sex Female	Color or Race White	Occupation Widow	Birth- place Island		
<input checked="" type="checkbox"/> Single <input checked="" type="checkbox"/> Widowed					
Name of Wife or Husband Robert Kirk					
Father's Name Harold Johnson				Father's Birthplace Island	
Mother's Maiden Name Jessie Kilpatrick				Mother's Birthplace Island	
Name of person giving Information Harold Kirk				How related to deceased Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate ~~old age~~ -

154

How long

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

undertaker, no physician in attendance:

R. M. Trabub

Adams, Frecklands Ind.

Accident or Suicide?



TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Henry Stock

CERTIFICATE OF DEATH

Died at

Town

Towson

County

Ballo.

MARYLAND

Date
of death

Month

Day

Years

1905

3

10

63

Months

Days

1

2

Sex

Male

Color or
Race

white

Birth-
place

Germany

Occupation

Blacksmith

Where Residing if not
at place of death

Towson

Married, Single
or Widowed

Married

Name of Wife or
Husband

Annie Stock

Father's
Name

Peter Stock

Father's
Birthplace

Germany

Mother's
Maiden Name

Annie Belz

Mother's
Birthplace

Germany

Name of person giving
Information

Henry S Stock

How related
to deceased

Son.

CAUSES OF DEATH

Primary

Acute Lobar Pneumonia

How long

3 or days

Immediate

Cardiac depression

How long

1 hour

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

R. L. Massenburg

Accident or Suicide?

Address

Towson

John Burns Son
Yoravstorum Cemetery

TO BE ANSWERED BY

NEAREST FRIEND

Andrew Kasyan

CERTIFICATE OF DEATH

Died at Brooklyn		Town Brooklyn	County Bucks Co.		MARYLAND		
Date of death 1906	Month Mar	Day 28	Years 61 (61)		Months	Days	
Sex Male.	Color or Black	White		Birth- place Poland			
Occupation Laborer	Where Residing if not at place of death						
Married, Single or Widowed Married	Name of Wife or Husband Helen Kasyan						
Father's Name Not Known			Father's Birthplace Galicia				
Mother's Maiden Name Not Known			Mother's Birthplace Galicia				
Name of person giving Information Jan Kasyan			How related to deceased Son -				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Nephritis

How long

About 2 mos

Immediate

Embolism

120

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Dr. B. B. Tracy

Accident or Suicide?

W Stanislaus Cimelij
Jacob Fajkowski

Name
in
Full

John T. Kremer

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month March	Day 1	Years 68	Months	Days
Sex	Male	Color or Race	State		Birthplace	
Occupation	Stationer		Where Residing if not at place of death		-	
Married, Single or Widowed	Widowed		Name of Wife or Husband		-	
Father's Name	James Kremer		Father's Birthplace		Owens Md	
Mother's Maiden Name			Mother's Birthplace		Owens Md	
Name of person giving information	Mr. John Menges		How related to deceased		-	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	La Grippe -		How long	6 days
Immediate	Aute Nephritis		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yrs	Signature of Physician	R. J. Gibney MD
			Address	1731 E. Faust St
Accident or Suicide?		No		

Wm Cook

102 E. North Av

Greenmount

Cemetery

Name
in
Full

Mary A Lindsay

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month	Day	Years	Months	Days
5-	March	Saturday	fortyseven	two	
Sex	female	Color or Race	white	Birth-place	Texas Balt Roland
Married, Single or Widowed	single	Occupation	House keeper		
Name of Wife or Husband					
Father's Name	John Lindsay				
Mother's Maiden Name	Patricia Galaker				
Name of person giving Information	William Lindsay				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

27

three months

Immediate

Dilatation of Heart

How long

27

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

B. T. Bussell

Texas M.D.

Accident or Suicide?

St Josephs Cemetery
Texas

Henry W Meaus & sons

Name
in
Full

Edward H. McCauley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at	81 Dennis	Balt.					
Date of death	1905	Month March	Day 6	Years 42	Months	Days	
Sex	Male	Color or Race	white -	Birth-place	Md		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Ed. H. McCauley						
Mother's Maiden Name	unknow						
Name of person giving information	Ed. S. Addison						
Father's Birthplace	Maryland						
Mother's Birthplace	Maryland						
How related to deceased	Brother-in-Law						

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Rail Road Accident

160

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

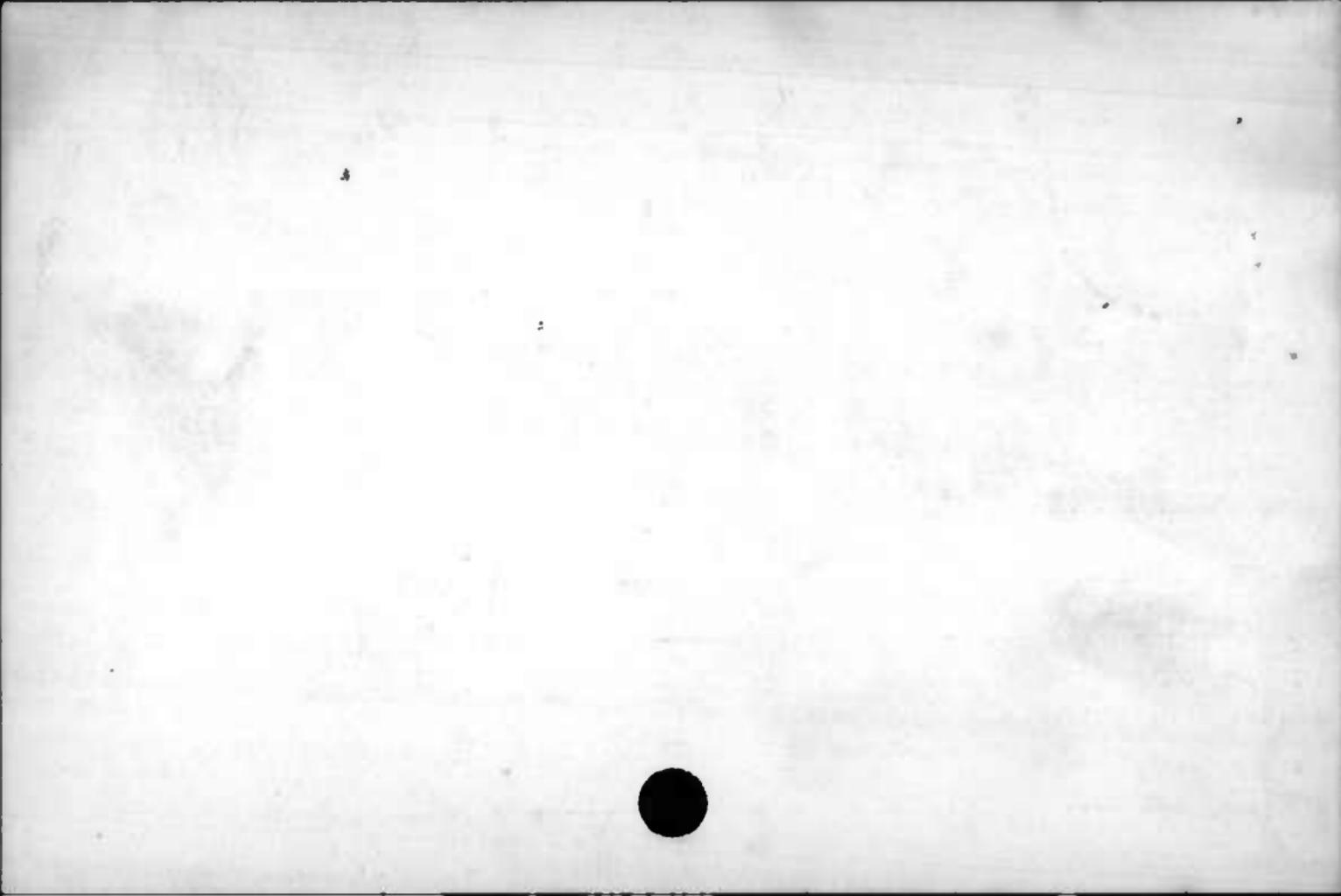
Yes

Signature of
Physician

Robert C. Clarke J.P.
(Coroner.)
81 Dennis
Balt. Co. Md.

Address

Accident or Suicide?



Wm T. McFernott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at West Arlington Baldo				County		MARYLAND	
Date of death 1905	Month March	Day 18th	Years Age 44	Months 7		Days 5	
Sex Male	Color or Race Native	Birth-place Baldo					
Occupation Metal Worker	Where Residing if not at place of death						
Married, Single or Widowed Married	Name of Wife or Husband Estralla A McFernott	Father's Birthplace Baldo					
Father's Name Clear McFernott	Mother's Birthplace Baldo						
Mother's Maiden Name Harriet Messick	Name of person giving information Estralla A McFernott				How related to deceased Wife		

CAUSES OF DEATH

Primary **Tuberculosis Pulmonalis** **27** How long **6 yrs**

Immediate **Influenza** **4 days** How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

P. C. Lilly

Address

2051 Brundell St

Accident or Suicide?

Henny Lutz
undertaker
1007 N. Bond st

Name
in
Full

Sarah McGrevay.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at.	Town	County	MARYLAND		
Govans town		Baltimore			
Date of death	Month	Day	Years	Months	Days
1905	March	15	Age 48	—	—
Sex	Female	Color or Race	White	Birth-place	Irishland
Occupation	Where Residing if not at place of death				
Married, Separated or Widowed	Name of Wife or Husband	Glenwood ave Dreen McGrevay			
Father's Name	Thomas Gresson				
Mother's Maiden Name	Sarah Murphy				
Name of person giving information	Dreen McGrevay				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	a large Congestion	How long	12 days
Immediate	of Brain	How long	6x
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John Garrison MD
yes		Address	Govans town
Accident or Suicide?			

St mary cemetery

Martin Fahy & Sons

Name
in
Full

Laura Madden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore		County	MARYLAND	
Date of death 1905	Month March	Day 19	Age 65	Years	Months	Days
Sex Female	Color or Race Colored			Birth-place Md		
Married, Single or Widowed Married	Occupation House Wife					
Name of Wife or Husband Anna Madden						
Father's Name	Father's Birthplace					
Mother's Maiden Name Harriette Brown	Mother's Birthplace					
Name of person giving Information Malvina Thomas	How related to deceased daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

Two years

Immediate

Exhaustion

How long

27

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

James Gore M.D.
Baltimore

Accident or Suicide?



Name
in
Full

Jeremiah Dwight Mallory

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town County

Died at Sheppard Knob Batt Hospital, Baltimore

MARYLAND

Date Month Day Years Months Days
of death 1905 March 16. Age 56

Sex male Color or Race white Birth-place Conn.

Occupation Merchant Where Residing if not
at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving Information How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Diabetes

How long

2 years

Immediate Paretic Convulsions

How long

10 hours.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Charles M. Franklin

Address

Sheppard Knob Batt Hospital
Towson, Md.

Accident or Suicide?

3 Madison Mitchell
Greenmount Cemetery

Name
in
Full

Elizabeth G. Mast

170
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Long Green</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>March</u>	Day <u>22</u>	Years <u>82</u>	Months <u>7</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Pa</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Daniel Mast (deceased)</u>	Father's Birthplace <u>Pa.</u>			
Father's Name <u>Jacob Zook</u>	Mother's Birthplace <u>Pa.</u>				Mother's Maiden Name <u>Anna Summers</u>
Name of person giving information <u>Moses Haffinger</u>	How related to deceased <u>Son-in-Law</u>				

CAUSES OF DEATH

Primary

Cancer Stomach

How long

2 years

Immediate

40

How long

" "

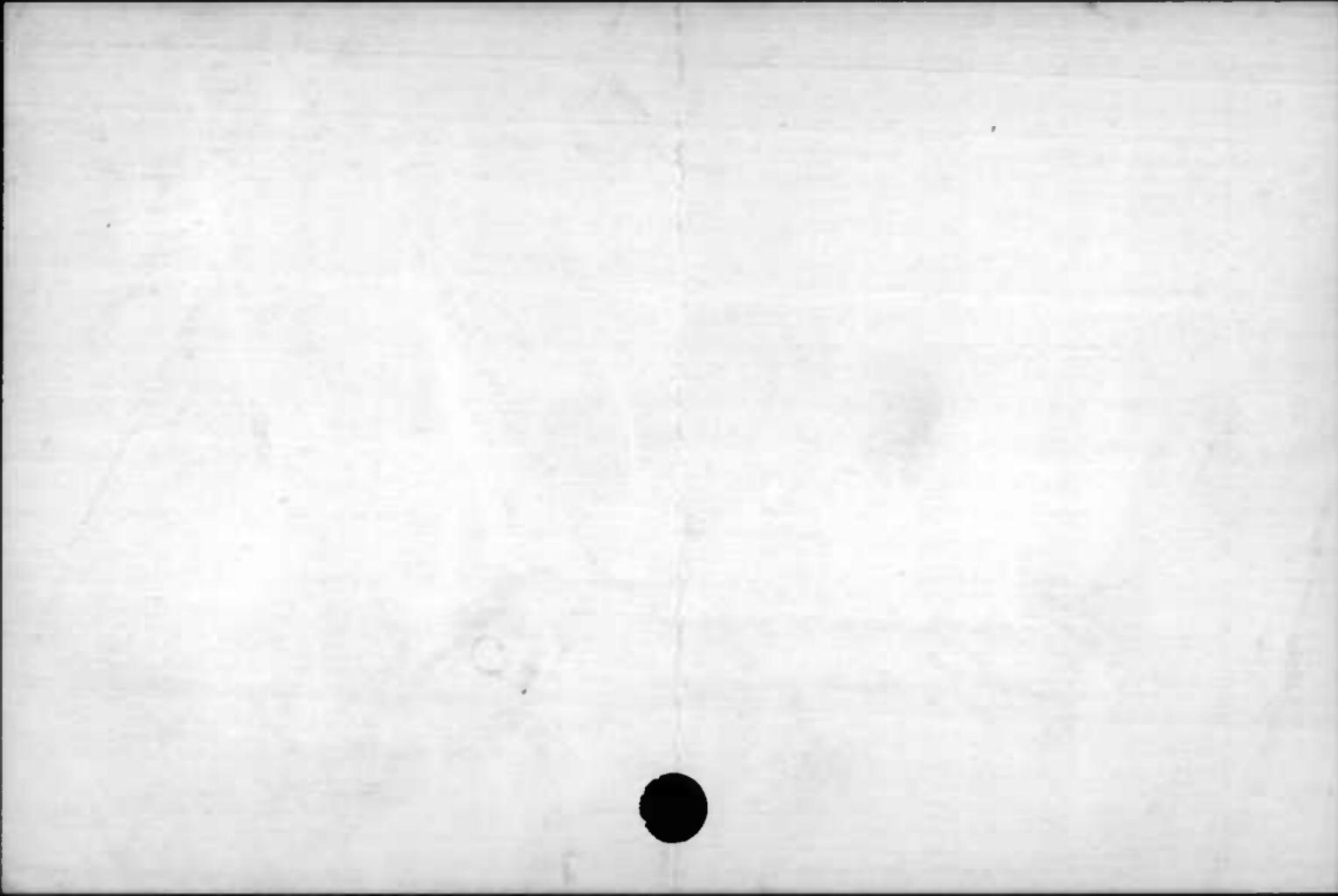
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J.W. Green
Sitting

Accident or Suicide



Name
in
Full

arthur austin matthews

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Rayville		Town	County Baltimore		MARYLAND	
Date of death 1905	Month 3	Day 7	Age	Years	Months 1	Days 5
Sex male	Color or Race white			Birth-place md.		
Occupation -			Where Residing if not at place of death Near Rayville			
Married, Single or Widowed 2	Name of Wife or Husband					
Father's Name arthur g matthews			Father's Birthplace and			
Mother's Maiden Name Elizabeth L. Bull			Mother's Birthplace and			
Name of person giving information arthur g matthews			How related to deceased father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Marsismus

71

How long

Two weeks

Immediate

Spasms

How long

Three hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

73 R. Morris

Burkton

2nd

Accident or Suicide?



Name
in
Full *Infant of John W. & Mary Maygars*

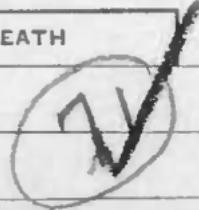
CERTIFICATE OF DEATH

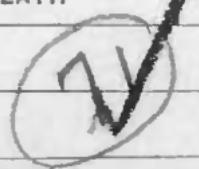
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town <i>Canton</i>	County <i>Baltimore</i>	MARYLAND		
Date of death 190	Month <i>Mar</i>	Day <i>15</i>	Years <i>—</i>	Months <i>—</i>	Days <i>1/2</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth- place <i>Ma</i>			
Married, Single or Widowed <i>Single</i>	Occupation <i>None</i>				
Name of Wife or Husband <i>John W. Maygars</i>	Father's Name <i>John W. Maygars</i>	Father's Birthplace <i>Ma.</i>			
Mother's Maiden Name <i>May Bahle</i>	Mother's Name <i>John W. Maygars</i>	Mother's Birthplace <i>Ma</i>			
Name of person giving Information <i>John W. Maygars</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary  How long

Immediate *Convulsive Spasms*  How long *1 Day*

Are the name, age, sex, color, date
and place correctly given above?
Yes Signature of
Physician *Mrs. M. Schoening*

Address *508 Phua St*

Highlandtown

Accident or Suicide?

H. Sanders Ferri
Trinity Cemetery.

Name
in
Full

Mary E. Merrick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1905 Mar

12

73

Sex

Female

Color
Race

white

Birth-
place

Eastern shore

Occupation

House wife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

David W. Merrick

Father's
Name

Josiah Sandon

Father's
Birthplace

Eastern shore

Mother's
Maiden Name

Allie Gibson

Mother's
Birthplace

" "

Name of person giving
Information

David W. Merrick

How related
to deceased

Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer

41

How long

about 2 years

Immediate

valvular Heart Disease

How long

not known

Are the name, age, sex, color, date
and place correctly given above?

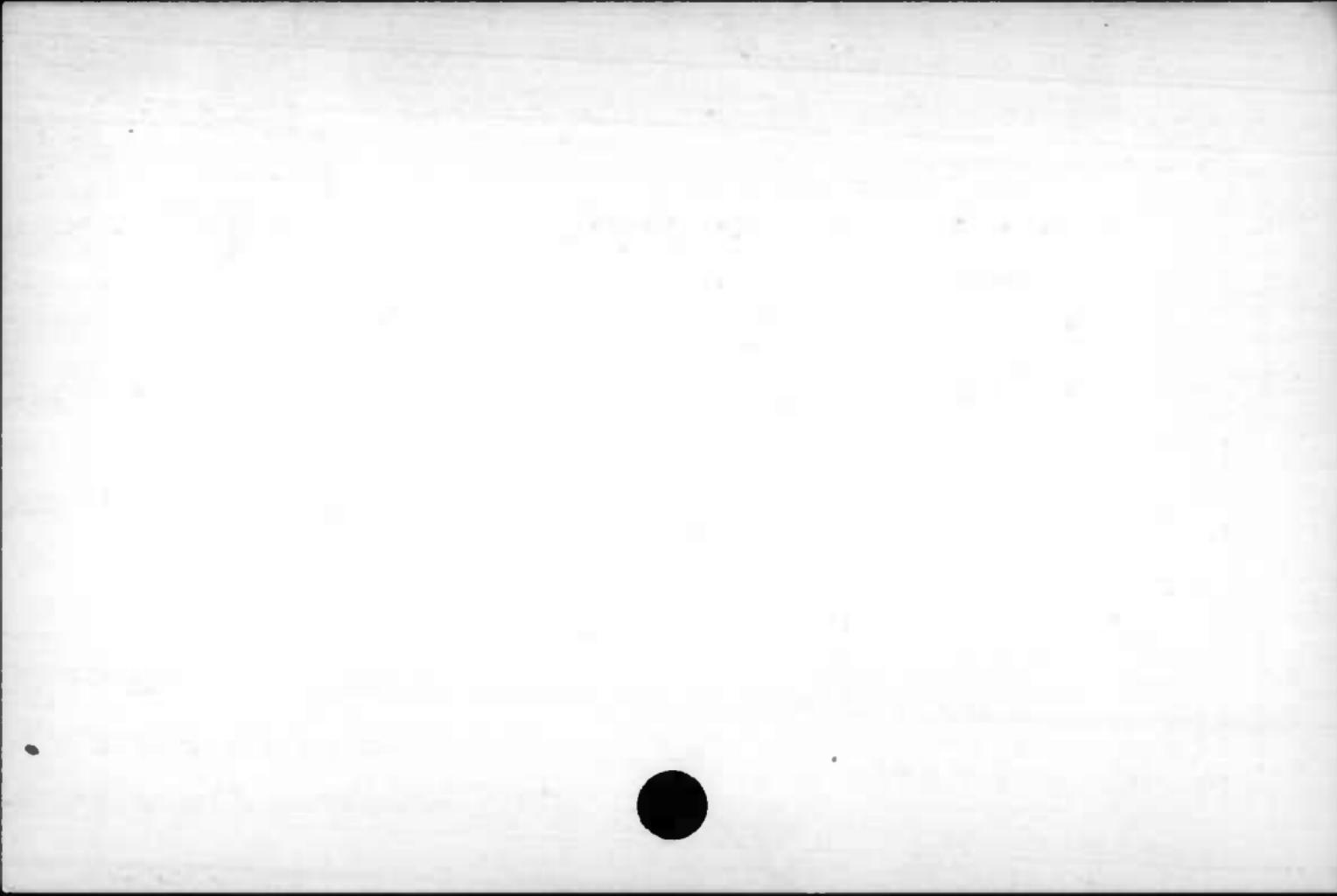
Yes

Signature of
Physician

Address

J. W. White
Lyndon, Md.

Accident or Suicide?



Name
in
Full

Littia Michrae

CERTIFICATE OF DEATH

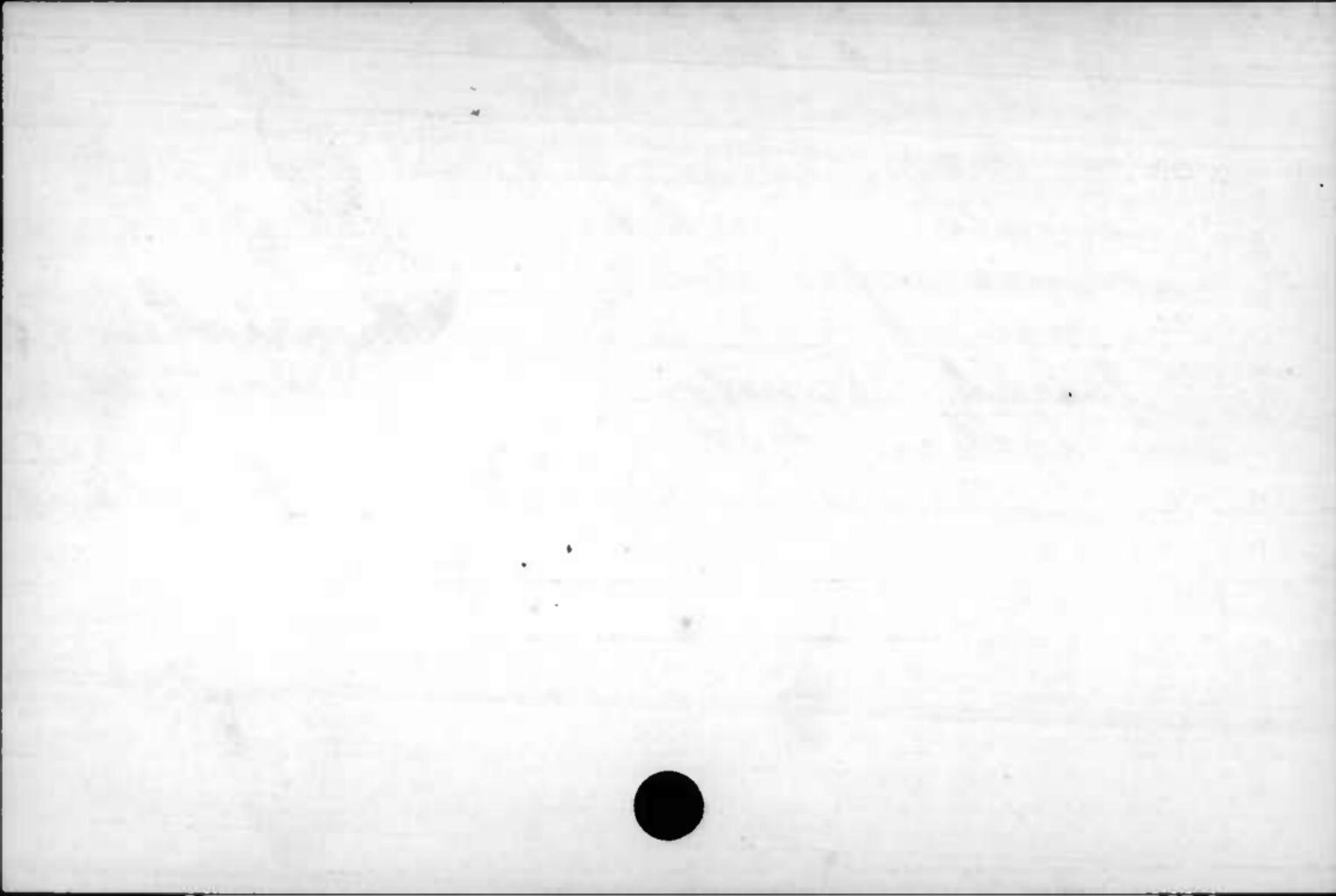
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1905	Mar	3rd	Age 46	—	—	
Sex	Female	Color or Race	White	Birth-place	Baltimore	
Occupation	Daughter of Physician		Where Residing if not at place of death	Baltimore Md-		
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Unknown		Father's Birthplace	Unknown		
Mother's Maiden Name	"		Mother's Birthplace	"		
Name of person giving information	Rocco of Mt. St. Rose		How related to deceased	Not at all.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Uron - mania thin 5c dementia	How long	23 yrs -
Immediate	Ex - acute maniacal attack -	How long	about 2 wks -
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Frank J. Flannery
Yes		Address	mt St. Rose Retn Baltimore Co. Ma -
Accident or Suicide?			



Name
in
Full

Barbary Ellen Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Arlington</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u>	Month <u>Mar</u>	Day <u>19</u>	Years <u>61</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>White</u>			Birthplace <u>Mad</u>	
Occupation <u> </u>	Where Residing if not at place of death <u>Frederick Miller</u>				
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u>Frederick Miller</u>				
Father's Name <u>Henry Robust</u>			Father's Birthplace <u>Mad</u>		
Mother's Maiden Name <u> </u>	not know		Mother's Birthplace <u> </u>		
Name of person giving information <u>Frederick Miller</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Bronchitis

How long

9 yrs.

Immediate

Pleurisy

How long

21 mos.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Dr. Morris Wiener

Address

1419 Linden Avenue

Accident or Suicide?

Woodlawn Cemetery

Js Cook

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Chas W. Miller

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Baltimore

Date
of death

1905 - 3

Month

Day

Years

Months

Days

29 Age 47

4

1

Sex

male

Color or
Race

white

Birth-
place

Md

Occupation

R. R. Conductor

Where Residing if not
at place of death

Married, Single
or Widowed

widow

Name of Wife or
Husband

Father's
Name

Not Known

Father's
Birthplace

Mother's
Maiden Name

"

Mother's
Birthplace

Name of person giving
Information

Geo Sheets

How related
to deceased

none

CAUSES OF DEATH

Primary

93

How long

Immediate

Coban Pneumonia

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

H. C. Coban Jr
Baltimore
Md.

Accident or Suicide?



Name
in
Full

Henry H. Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	
Died at 602 Maryland Ave.	Newport.	
Date of death 1905 March	Month	Day
	10	Years
Age 55.		Months
	10	Days
Sex male	Color or Race	White
Occupation Oysterman	Where Residing if not at place of death	
Married, Single or Widowed married	Name of Wife or Husband Henry H. Miller	
Father's Name John D. Miller	Father's Birthplace Middlesex Co. Va.	
Mother's Maiden Name Mary. Munser.	Mother's Birthplace Middlesex Co. Va.	
Name of person giving Information Henry H. Miller	How related to deceased Son.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gheruvatism

How long

Five years

Immediate

Endocarditis

How long

Five weeks

Are the name, age, sex, color, date and place correctly given above?

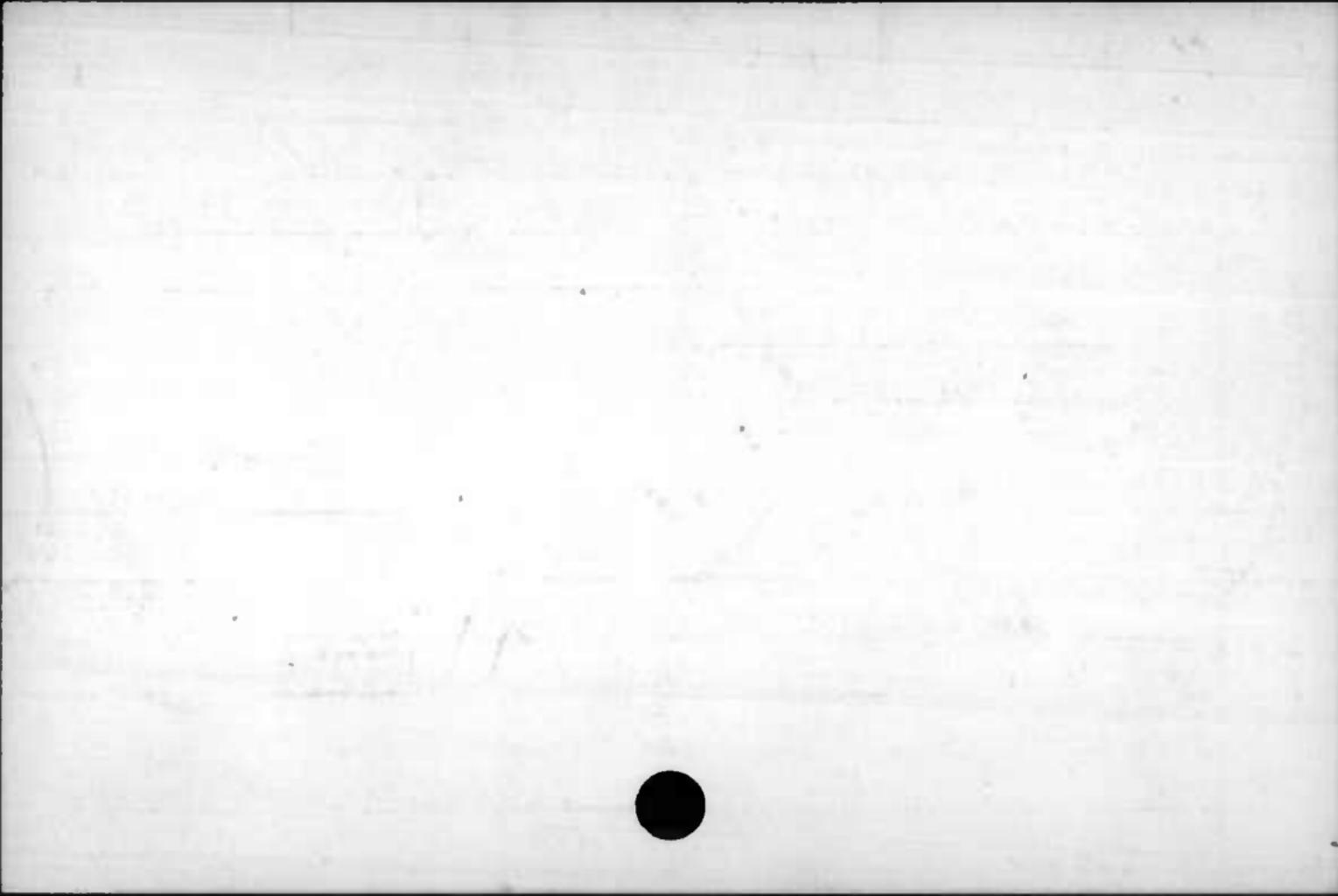
yes

Signature of Physician

Address

V. J. Novello
827 Fulton Ave.
Balto. Md.

Accident or Suicide?



Name
in
Full

Harris E Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY.

NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1905	Mar	20 th	15	unknown	unknown
Sex	Male	Color or Race	White	Birth-place	Baltimore
Occupation	None			Where Residing if not at place of death	Baltimore
Married, Single or Widowed	Single	Name of Wife or Husband	/		
Father's Name	unknown			Father's Birthplace	unknown
Mother's Maiden Name	"			Mother's Birthplace	unknown
Name of person giving Information	Reeds Mt Hope Retreat			How related to deceased	not at all

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Epilepsy

bx

How long

Life -

Immediate

Ex- Status Epilepticus

How long

3 or 4 days

Are the name, age, sex, color, date and place correctly given above?

Yes

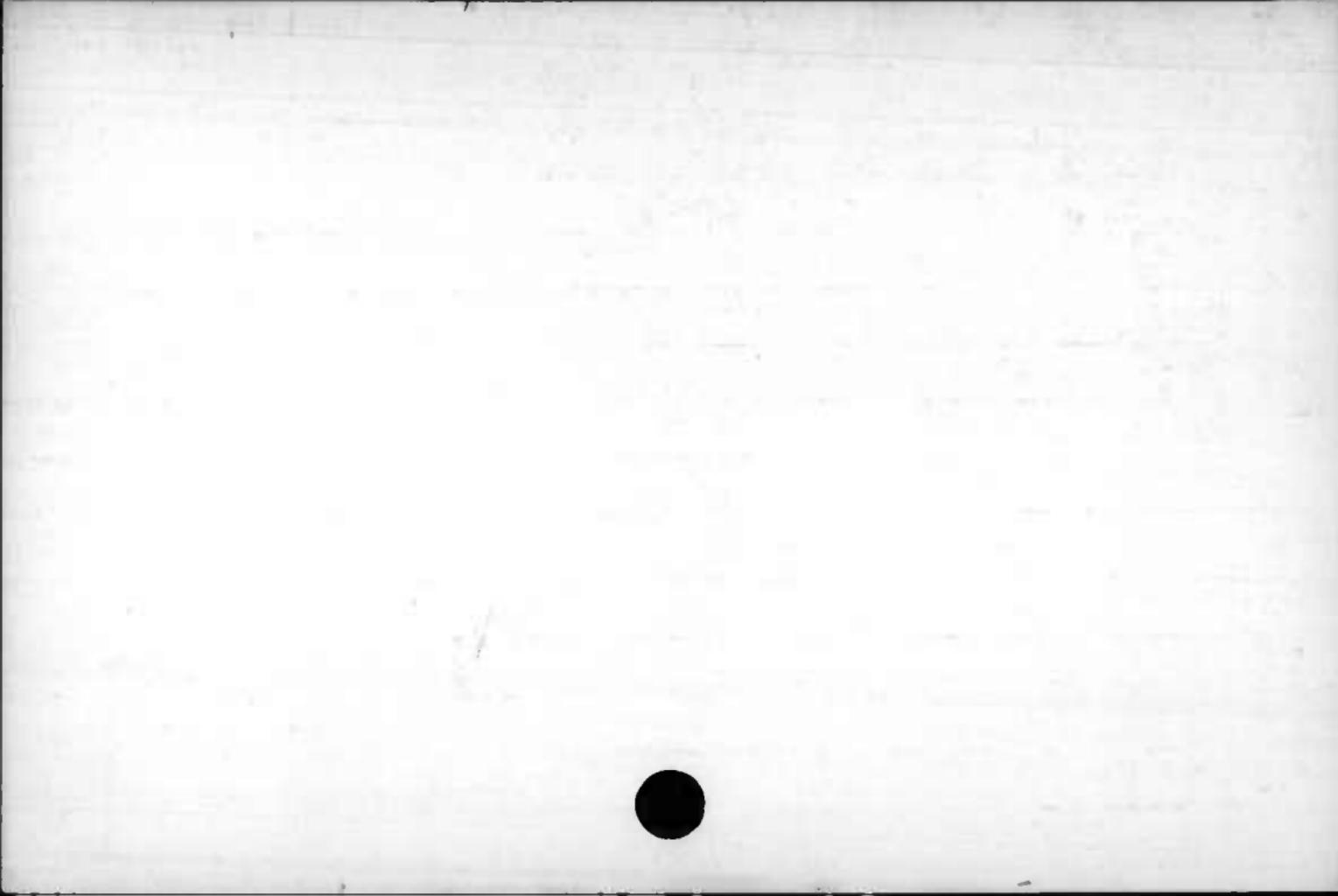
Signature of Physician

Frank J. Flannery

Address

Mt Hope Retreat
Baltimore Md.

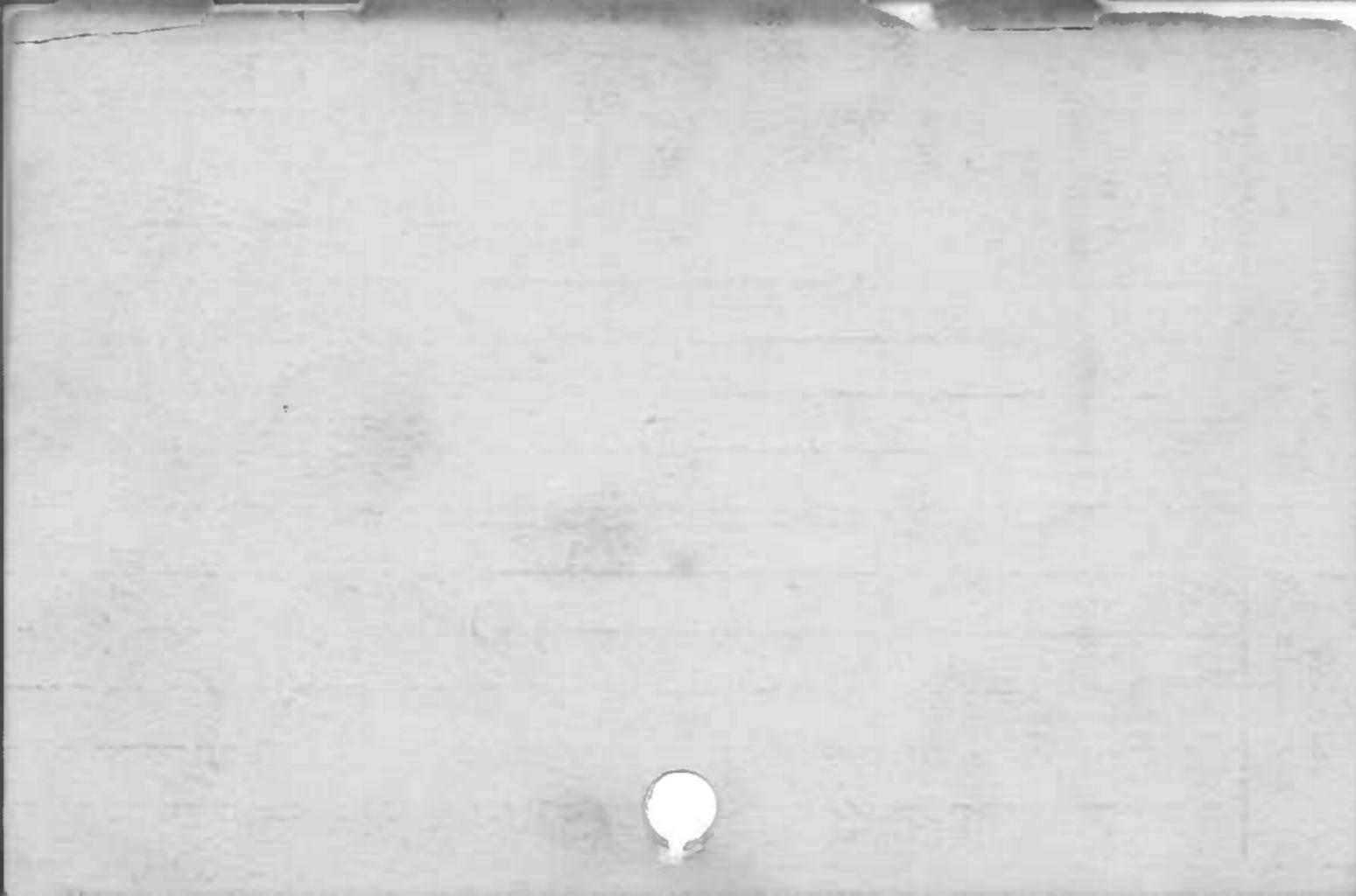
Accident or Suicide?



EGYPTIAN B. MORRIS						CERTIFICATE OF DEATH		
Died at <u>Bentley</u> <small>Town</small>			<u>Baltimore</u> <small>County</small>			MARYLAND		
Date of death	1905	Month 3	Day 13	Age 82	Years	Months 11	Days 7	
Sex <u>male</u>	Color or Race <u>White</u>		Birth-place <u>md</u>					
Occupation <u>farmer</u>	Where Residing if not at place of death <u>Bentley</u>							
Married, Single or Widowed	Name of Wife or Husband							
Father's Name <u>William Morris</u>	Father's Birthplace <u>md</u>							
Mother's Maiden Name <u>Don't know</u>	Mother's Birthplace <u>—</u>							
Name of person giving information <u>Estella L. Miller</u>	How related to deceased <u>your daughter</u>							

CAUSES OF DEATH

Primary <u>La Grippe</u>	How long <u>8 days</u>
Immediate <u>Pneumonia</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>E. B. Morris</u>
	Address <u>Parkton</u>
Accident or Suicide?	



Name
in
Full

Elsie. M. Norer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months
1905	Oct	25	9	3
Sex	Female	Color or Race	white	Days
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Washington Road		
Father's Name	Howard Co			
Mother's Maiden Name	Baltimore			
Name of person giving information	How related to deceased			
Joseph Norer				
Maggie E. Snappa				
Joseph Norer				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Flock in Ley 77

How long

11 days

Immediate

Retarus

How long

24 hours

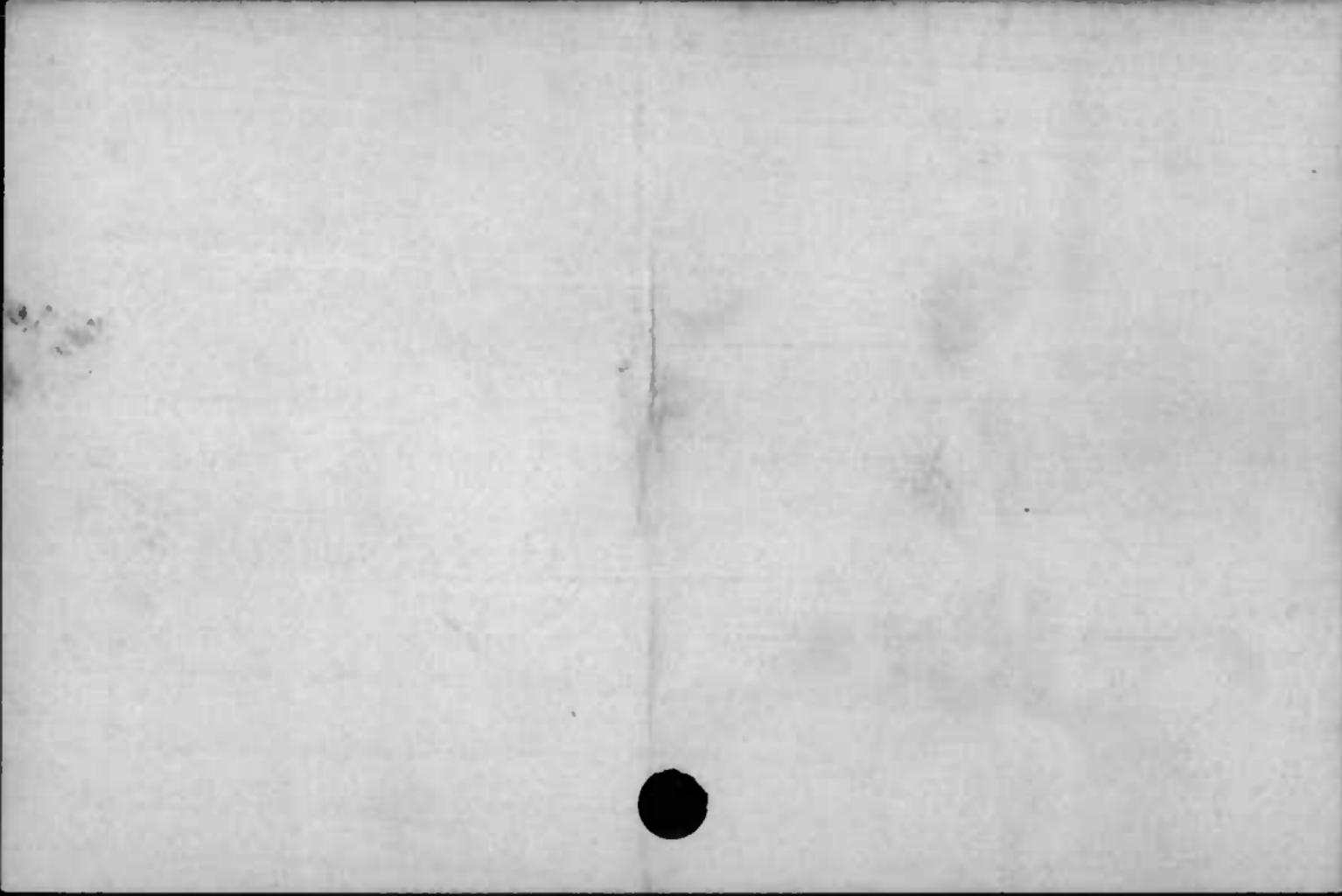
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

73 Hall
W. Minous

Accident or Suicide?



Name
in
Full

Christian Newhauser

165
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Long Green</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	1905 March	Month	18	Years	74
Sex	Male	Color or Race	White	Birthplace	Pa.
Occupation	<u>Farmer</u>			Where Residing if not at place of death	
Married, Single or Widowed	<u>Widower</u>	Name of Wife	<u>Elizabeth Newhauser (deceased)</u>		
Father's Name	<u>Christian Newhauser</u>			Father's Birthplace	<u>Germany</u>
Mother's Maiden Name	<u>Unknown</u>			Mother's Birthplace	<u>Unknown</u>
Name of person giving information	<u>Cora Newhauser</u>			How related to deceased	<u>Daughter in law</u>

CAUSES OF DEATH

Primary

Softening of Brain

How long

65
How long

one year

Immediate

11

1

6

11

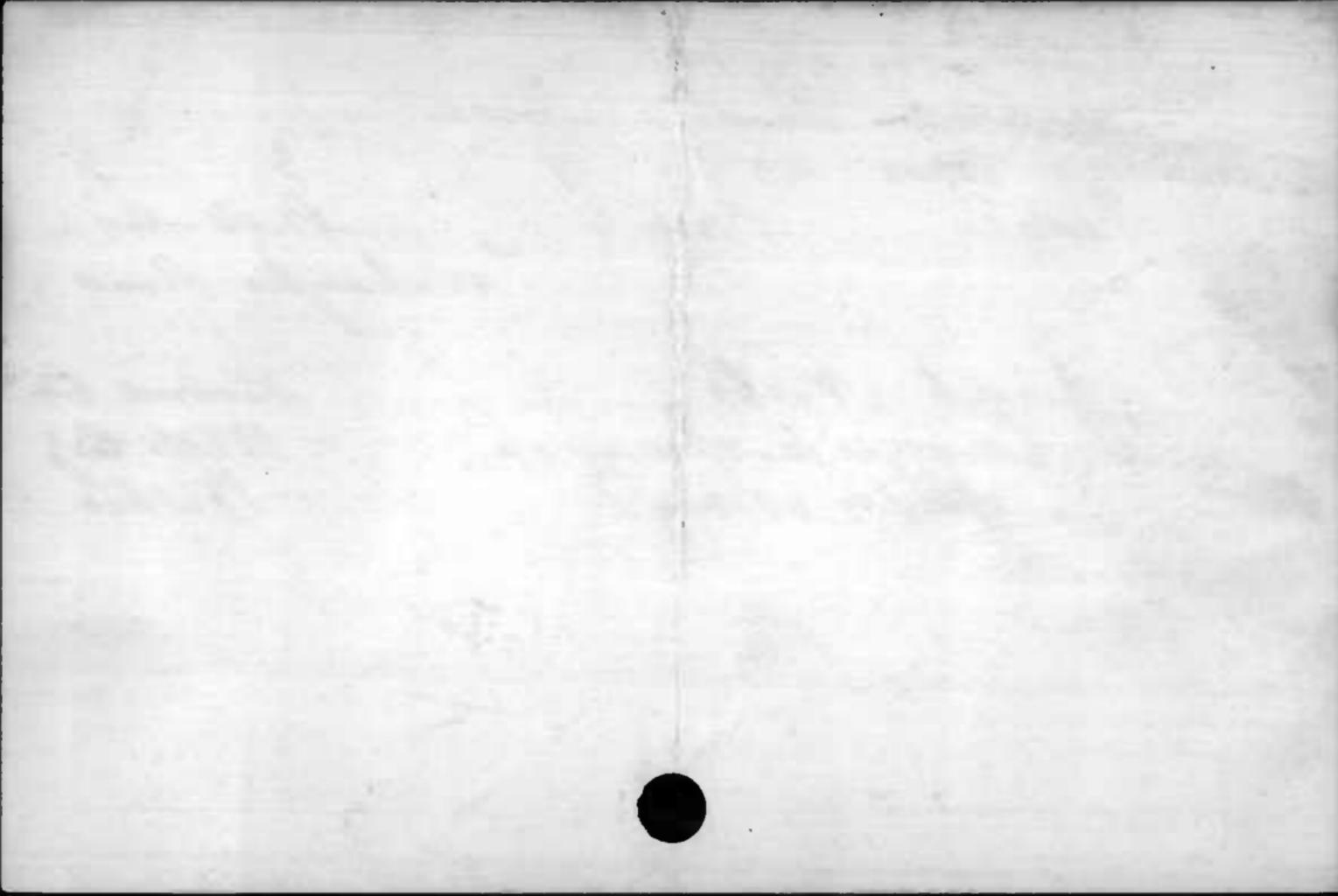
Are the name, age, sex, color, date and place correctly given above?

—

Signature of Physician

Mr. S. Green
Gittings

Accident or Suicide?



Name
in
Full

Beatrice J. Nally

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month March	Day 5 th	Years 1	Months 2	Days 1
Sex	Female	Color or Race	Neger			
Occupation				Where Residing if not at place of death		
Married, Single or Widowed				Name of Wife or Husband		
Father's Name	George N. Nally			Father's Birthplace	Va	
Mother's Maiden Name	Maggie M Davis			Mother's Birthplace	Va	
Name of person giving information	Rev. N. Nally			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Respiratory
Exhaustion

How long

21 days.

Immediate

93

How long
48 hours

Are the name, age, sex, color, date and place correctly given above?

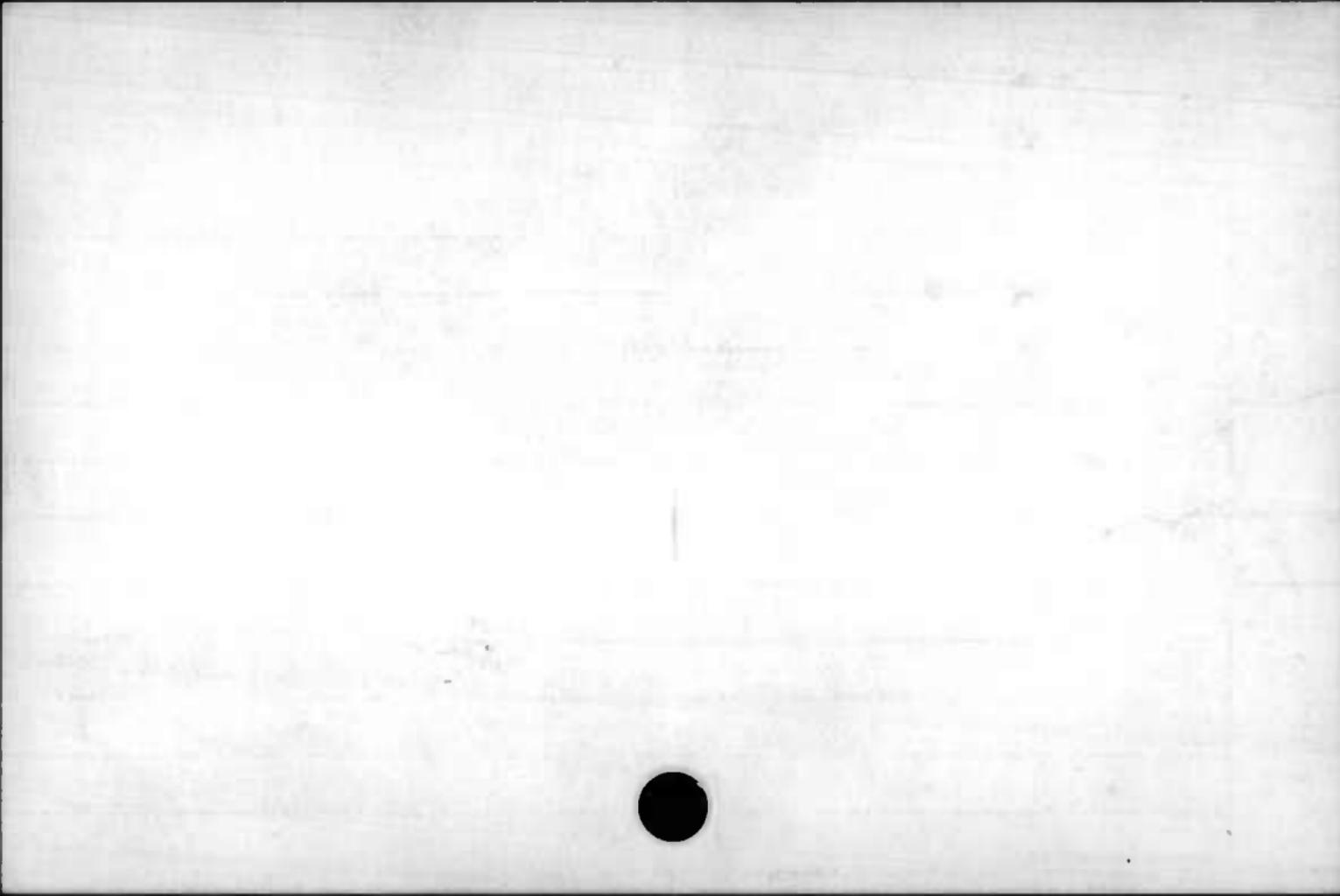
ye

Signature of Physician

Address

J. C. Geduld. M.D.
Spurris Print

Accident or Suicide?



Name
in
Full

Sarah Heibling

CERTIFICATE OF DEATH

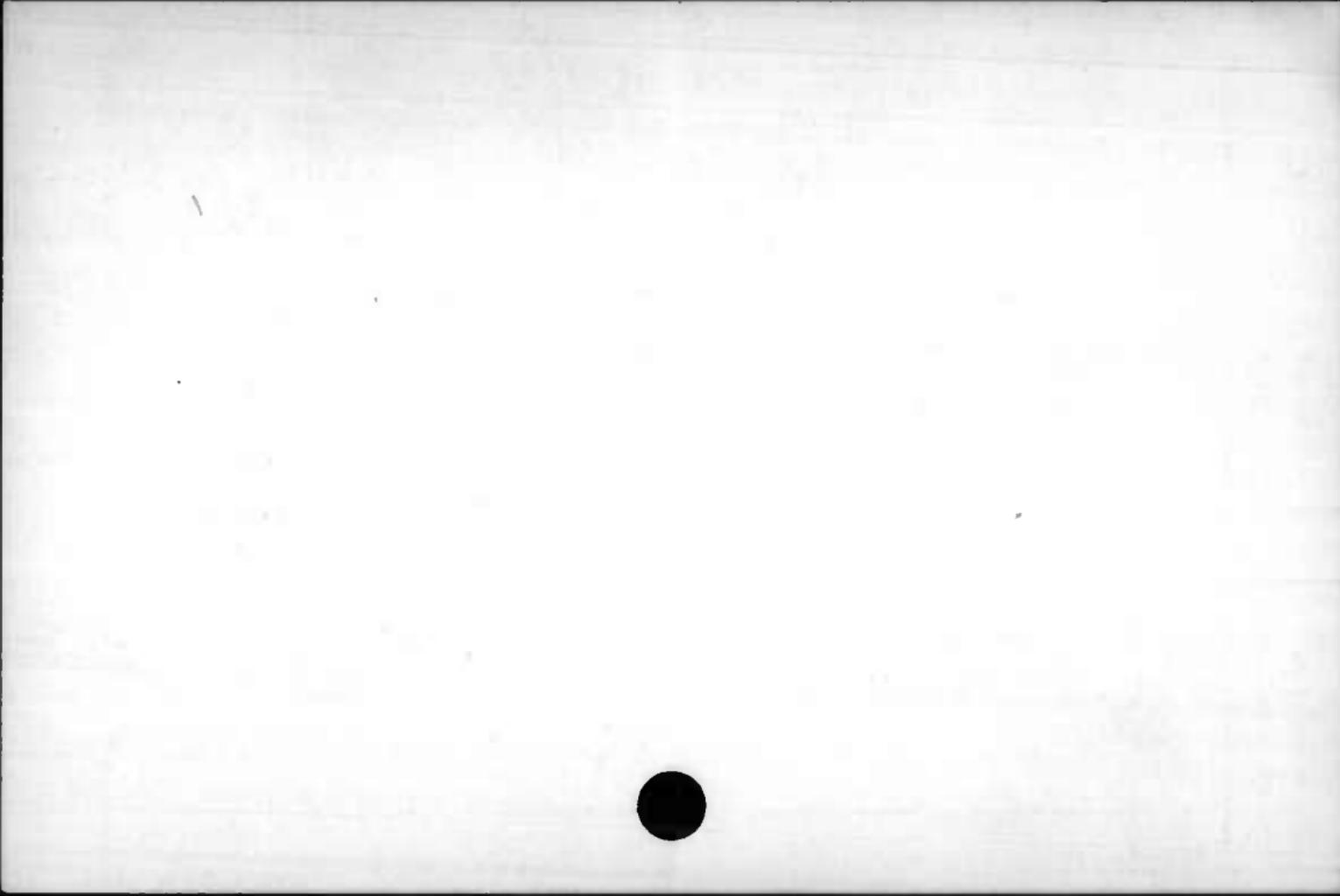
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1905 March	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Age	65-	6 8	
Occupation	Hausfrau	Where Residing if not at place of death		—			
Married, Single or Widowed		Name of Wife or Husband	Sarah Heibling				
Father's Name	Jacob Heimer	Father's Birthplace		Penn			
Mother's Maiden Name	Miss Shank	Mother's Birthplace		Penn			
Name of person giving information	Katia Stockum	How related to deceased		Daughter			

CAUSES OF DEATH

Primary	Karzinoma Uterus	How long	Two weeks
Immediate	Exhaustion	How long	Two weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	F. C. Glodde
		Address	Spanis Paint.
Accident or Suicide?			



Name
in
Full

Eugenie A O'Farrell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lawnaville</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>March</u>	Day <u>25</u>	Age <u>55</u>	Months <u>9</u>	Days <u>1</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Baltimore, Md.</u>			
Occupation <u>Retired</u>	Where Residing if not at place of death <u>Lawnaville</u>				
Married, Single or Widowed <u>Single, Widow</u>	Name of Wife or Husband				
Father's Name <u>Alphonse O'Farrell</u>	Father's Birthplace <u>Frank</u>				
Mother's Maiden Name <u>Victoria Monk</u>	Mother's Birthplace <u>Grace</u>				
Name of person giving information <u>Mrs F R Hare</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Ovarian Tumor

131

How long

4 years

How long

two months

Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Hiram Whitlock M.D.
237 Goldsack Ave. Baltimore
Md.

Accident or Suicide?

Burial at
Greenmount Cemetery
March 31/905
Wm Cook
502 E. York Ave

Name
in
Full

Nolan) Phelps

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>St. Helena</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>3</u>	Day <u>21</u>	Years <u>Age</u>	Months <u> </u>	Days <u>7</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birthplace <u>St. Helena</u>			
Occupation <u> </u>	Where Residing if not at place of death <u> </u>				
Married, Single or Widowed <u>Sing. t.</u>	Name of Wife or Husband <u> </u>				
Father's Name <u>Ben. Phelps</u>	Father's Birthplace <u> </u>				
Mother's Maiden Name <u>Rose. Phelps</u>	Mother's Birthplace <u> </u>				
Name of person giving information <u>Edward T. Fiving</u>	How related to deceased <u> </u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Convulsions

71

24 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. Lambert Young, M.D.
305 East E. St.

Accident or Suicide?

Laurel

Mr. Jackson & sons

Name
in
Full

Paul Clinton Prigel

164
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Long Green</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1905	March	16	—	two	—
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Balto. Co. Md.</u>			
Occupation <u> </u>	Where Residing if not at place of death <u> </u>				
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>				
Father's Name <u>J. M. Prigel</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Minnie Glass</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>J. M. Prigel</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Falloppe

10 ✓

How long

2 weeks

Immediate

Pneumonia

How long

5 days

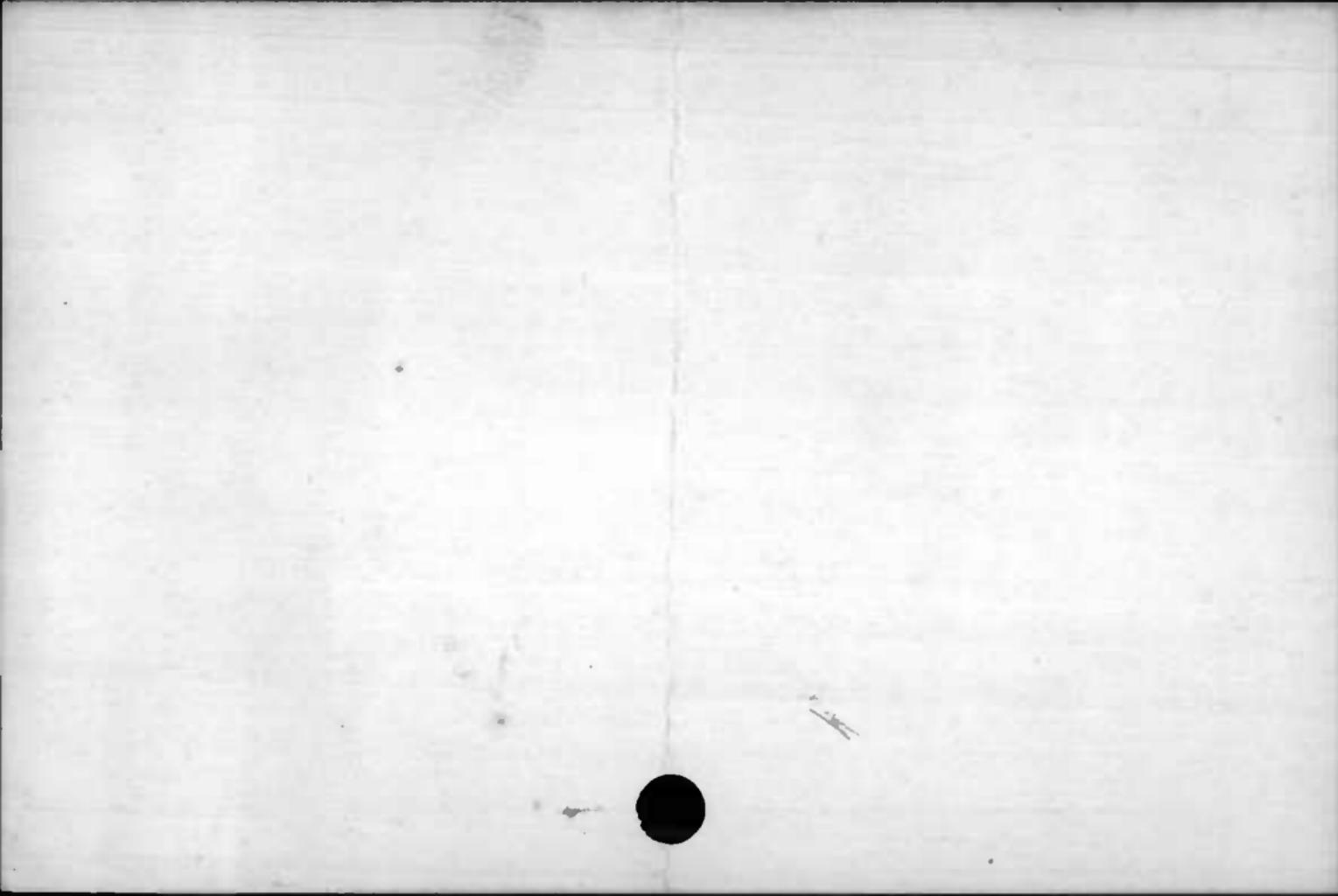
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Mr. Sheen
Gittings

Accident Suicide



Name
in
Full

Wm. C. B. Quicksley

CERTIFICATE OF DEATH

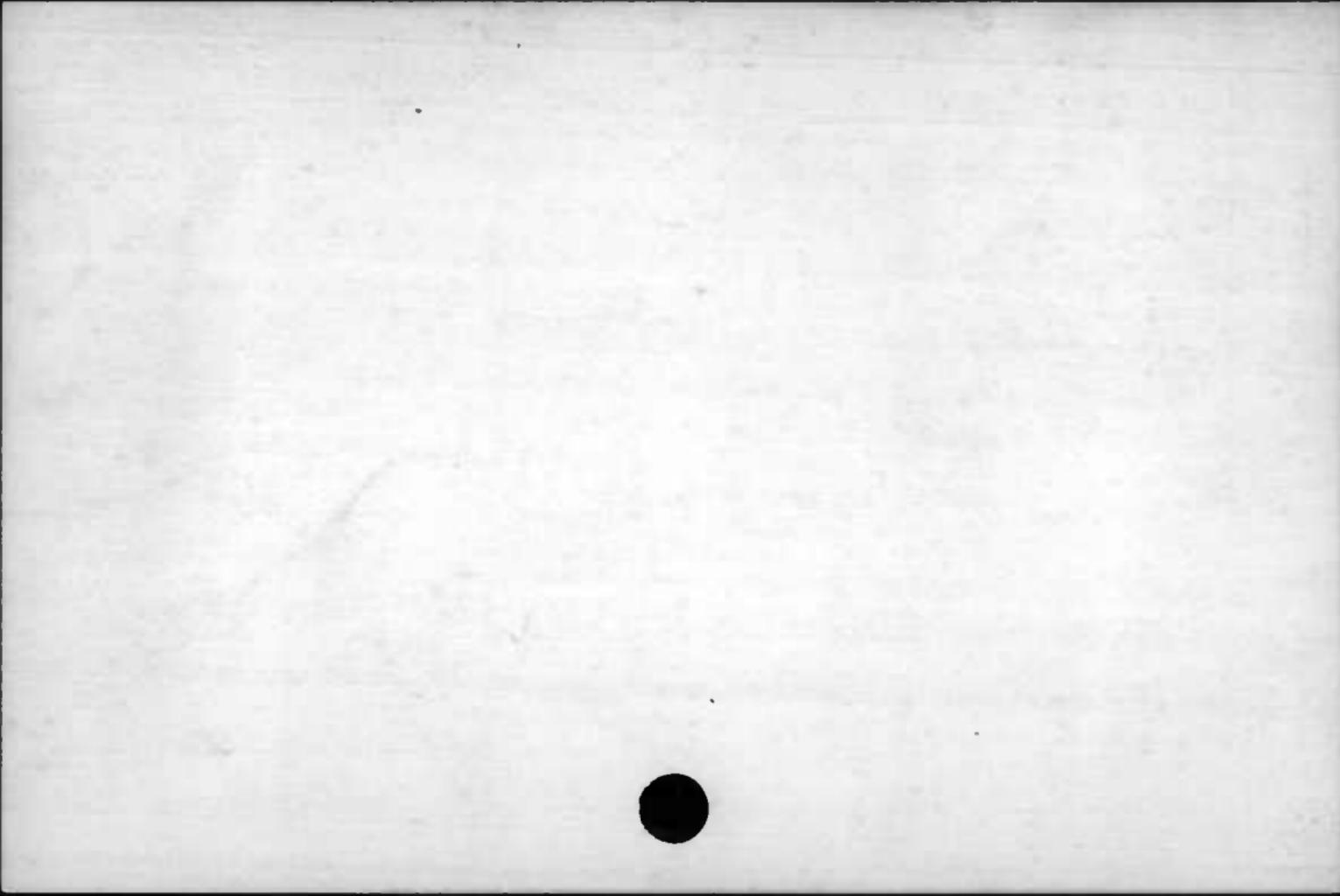
TO BE ANSWERED BY
NEAREST FRIEND

Town Died at	Blenheim		County Baltimore	MARYLAND	
Date of death	Month March	Day 29	Years —	Months 8	Days —
Sex Male	Color or Race Colored	Birth- place Balto. Co. Md.			
Occupation —	Where Residing if not at place of death —				
Married, Single or Widowed —	Name of Wife or Husband —				
Father's Name Wm. Quicksley				Father's Birthplace Balto. Co Md	
Mother's Maiden Name Eliza Anderson				Mother's Birthplace " " "	
Name of person giving Information Wm. Quicksley				How related to deceased Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Measles	6	How long 8 days
Immediate Heart failure	✓	How long 5 minutes
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Thos. H. Emory M.D.	
	Address Montgomery, Md. R. F. D. #3	
Accident or Suicide? no		



Name
in
Full

Isabella Raines

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1905	Month	Day	Years	2	Months	23.
Sex	Female	Color or Race	white		England.		
Occupation	Housewife		Where Residing if not at place of death		Gowansztown Md		
Married, Single or Widowed	widowed	Name of Wife or Husband	Isaac Raines				
Father's Name	James. Dibb				Father's Birthplace	England	
Mother's Maiden Name	don't know				Mother's Birthplace	don't know	
Name of person giving information	Isaac H Zink				How related to deceased	Grandson.	

(54)

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senility

(54)

How long

2 years.

Immediate

Anemia

How long

6 mo.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Hoobest Md

St. H (Gowans) Balt. Md.

Accident or Suicide?

Neither

William Cook
Undertaker
Burialment in
London Park
March 8th 1905.

Name
in
Full

Lina B. Randolph

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Died at		Herring Run	Baltimore			
Date of death	1905	Month Mar	Day 11	Years 17 7 1905	Months 6	Days —
Sex	Female	Color or Race	Colored	Birth-place	Md	
Occupation	Domestic		Where Residing if not at place of death	Herring Run		
Married, Single or Widowed	Married	Name of Wife or Husband	John Randolph			
Father's Name	—		Father's Birthplace	—		
Mother's Maiden Name	—		Mother's Birthplace	—		
Name of person giving information	James Keogh		How related to deceased	None		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Struck with a train

How long

—

Immediate

Fractured skull

How long

—

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of
Physician

Carver John G. Mulley

Address

216 O'Donnell st

Accident or Suicide?

Jeff Aaron Rev

Laird Cemetery

Name
in
Full

Bernard C. Reinhardt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at		Orangerille	Balto.				
Date of death	Month	Day	Years	Age	Months	Days	
1905	Mar	12	—	—	5		
Sex	Male	Color or Race	White		Birth-place	Orangerille	
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	W. Henry Reinhardt		Father's Birthplace	Balto.			
Mother's Maiden Name	Schlutter		Mother's Birthplace	Balto.			
Name of person giving Information	W. Henry Reinhardt		How related to deceased	Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Ondigestion

104

How long

Since Birth

Immediate

Convulsions

How long

One Day.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J.C. Schofield,
1400 Fliss St
Highlandtown

Accident or Suicide?

Paulus & M Connish
London Park Ambry

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Renners, August J.

MARYLAND

Died at Le尔斯维尔 Town

County

Boalto.

Date of death 1905 Month March Day/17

Age 33 Year

Months

Days

Sex Male

Color or
Race

white

Birth-
place

Md.

Occupation

Paper-hanger

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

John Renners

Father's
Birthplace

Germany

Mother's
Maiden Name

Mary

Mother's
Birthplace

Germany

Name of person giving
Information

Kathy Litz

How related
to deceased

No

CAUSES OF DEATH

Primary

Dementia

How long

4 yrs -

Immediate

Exhaustion

68

How long

1 yrs.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

George Rader
Le尔斯维尔

Accident or Suicide?

No.



Name
in
Full

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Elizabeth V. Regnard

CERTIFICATE OF DEATH

MARYLAND

Died at Hamilton

County Baltimore

Date of death 1907 Month 3 Day 7

Years 40 Months 5 Days —

Sex female

Color or Race

white

Birth-place

Baltimore

Occupation

Where Residing if not
at place of death

Hamilton

Married, Single
or Widowed

Name of wife

Married to husband. - Julius Regnard

Father's Name

Peter Hermann

Father's Birthplace

Germany

Mother's Maiden Name

Mary Stark

Mother's Birthplace

Germany

Name of person giving
Information

Julius Regnard

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Typho. Pneumonia

How long

3 weeks

Immediate

Coma & exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Wm D. Corson MD

Address

Gardenville
Md.

Accident or Suicide?

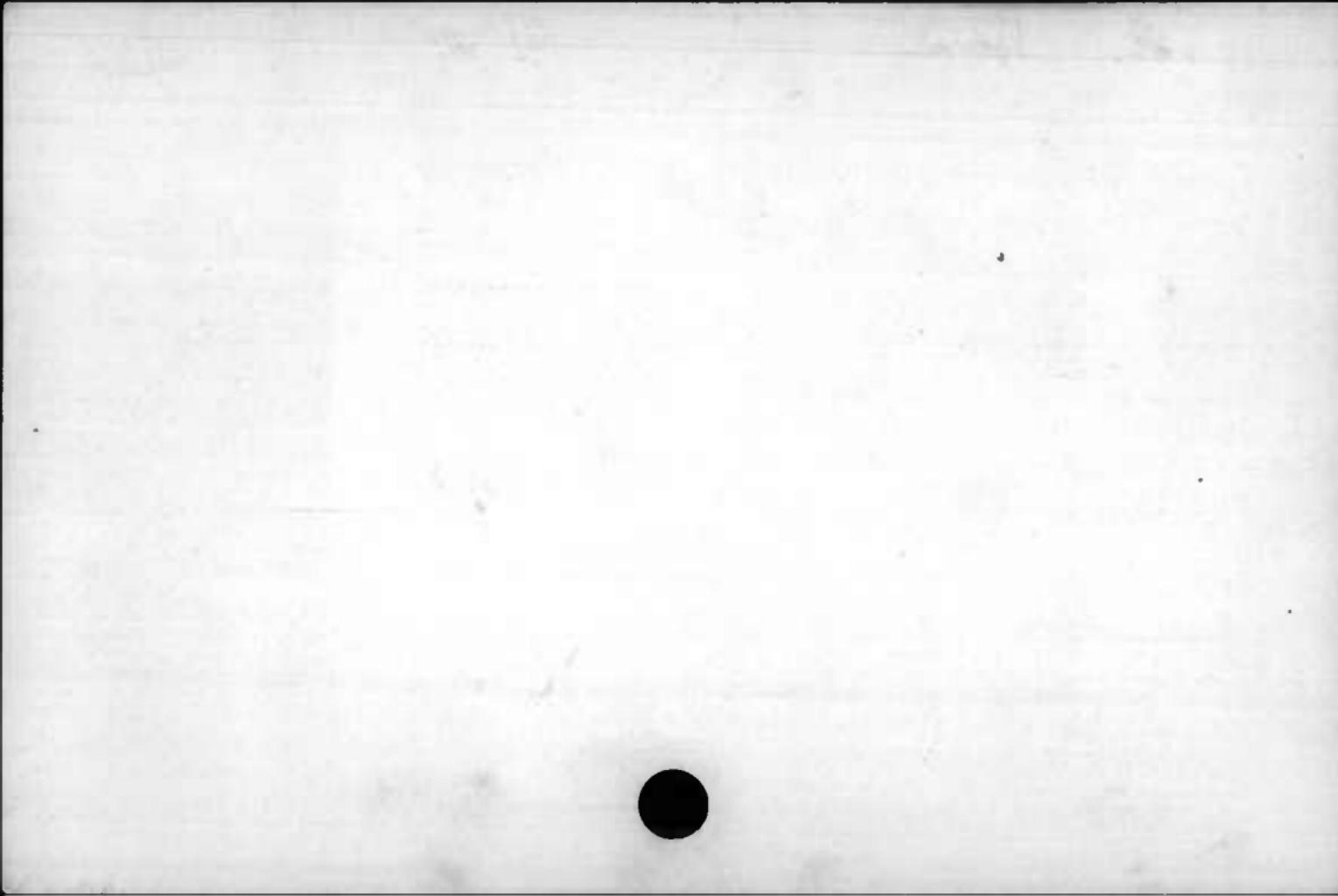
William Cook
502 E. Franklin

Rachel Worms. Reynolds 167 CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Upper Falls</u> <small>Town</small>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>3</u>	Day <u>7</u>	Years <u>84</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>England</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Jas. Reynolds-</u> <input checked="" type="checkbox"/>				
Married, Single <input checked="" type="checkbox"/> Widowed	Name of <u>White</u> or Husband				
Father's Name	<input checked="" type="checkbox"/> Father's Birthplace				
Mother's Maiden Name	<input checked="" type="checkbox"/> Mother's Birthplace				
Name of person giving information	<input checked="" type="checkbox"/> How related to deceased				
CAUSES OF DEATH					
Primary	<u>General debility of old age</u>			How long <u>—</u>	
Immediate	<u>Coronac failure</u>			How long <u>2 weeks</u>	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <u>C. W. Meyer, M.D.</u>	Address <u>Baltimore</u>	
Accident or Suicide?			No		

PHYSICIAN
OR CORONER



Name
In
Full

Riggins, William H.

CERTIFICATE OF DEATH

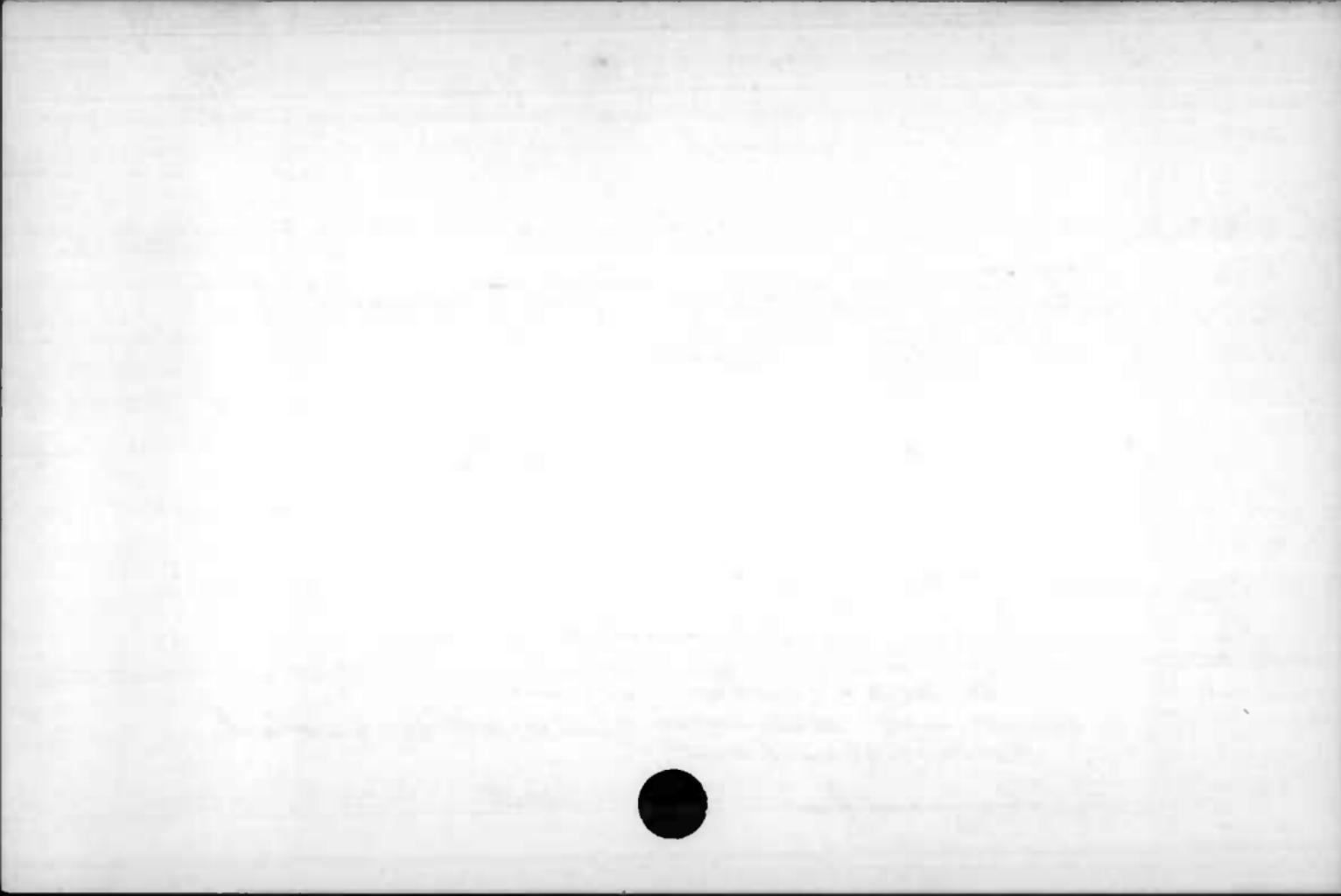
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1905	Mar	6	27			
Sex	Male	Color or Race	white	Birth-place	Maryland	
Occupation	None	Where Residing if not at place of death			x	
Married, Single or Widowed	Single	Name of Wife or Husband	x			
Father's Name	L. B. Riggins			Father's Birthplace	Md.	
Mother's Maiden Name	x			Mother's Birthplace	x	
Name of person giving information	x			How related to deceased	x	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Insanity	How long	Life
Immediate	Pulmonary Tuberculosis	How long	3 mos.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. W. Nade
		Address	Bladensburg, Md.
Accident or Suicide?	No		



Name in Full

Certificate of Death

Stilf J. Brown - (not Robert)

Town

County

Died at

MARYLAND

Cockeysville

Baltimore

Month

Day

Y. M. D.

Native of

Occupation

Date 19 05

Mar 12

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Cause of

Primary

Twins birth. Broad, sudden

How long sick

Death

Immediate

No aid - waters in tact
dead not delivered child asphyxiated

Accident, Suicide, Homicide

Reported by

Dr. A. S. Benson

Address

Cockeysville

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Annie Robertson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Walters	County Baltimore	MARYLAND		
Date of death 1905	Month March	Day 31	Age	Years	Months 1
Sex Female	Color or Race white	Birth-place Md	Days 7		
Married, Single or Widowed	Occupation				
Name of Wife or Husband	—				
Father's Name	Elias Robertson		Father's Birthplace	Md	
Mother's Maiden Name	Kattie Gosnell		Mother's Birthplace	Md	
Name of person giving Information	Elias Robertson		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Infantile convulsions

How long

2 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John W. Garrison
Middle River Md

Accident or Suicide?

No

3

Name
in
Full

Aleenia Robinson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1905	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Colored	Birth-place	Baltimore, Md.	
Occupation	House wife		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Joshua Robinson			
Father's Name	Benjima. E. Simons		Father's Birthplace			
Mother's Maiden Name	Annie Ward		Mother's Birthplace			
Name of person giving information	Joshua, Robinson		How related to deceased	Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Marasmus

How long

Two Years

Immediate

Inanition

How long

One month

Are the name, age, sex, color, date and place correctly given above?

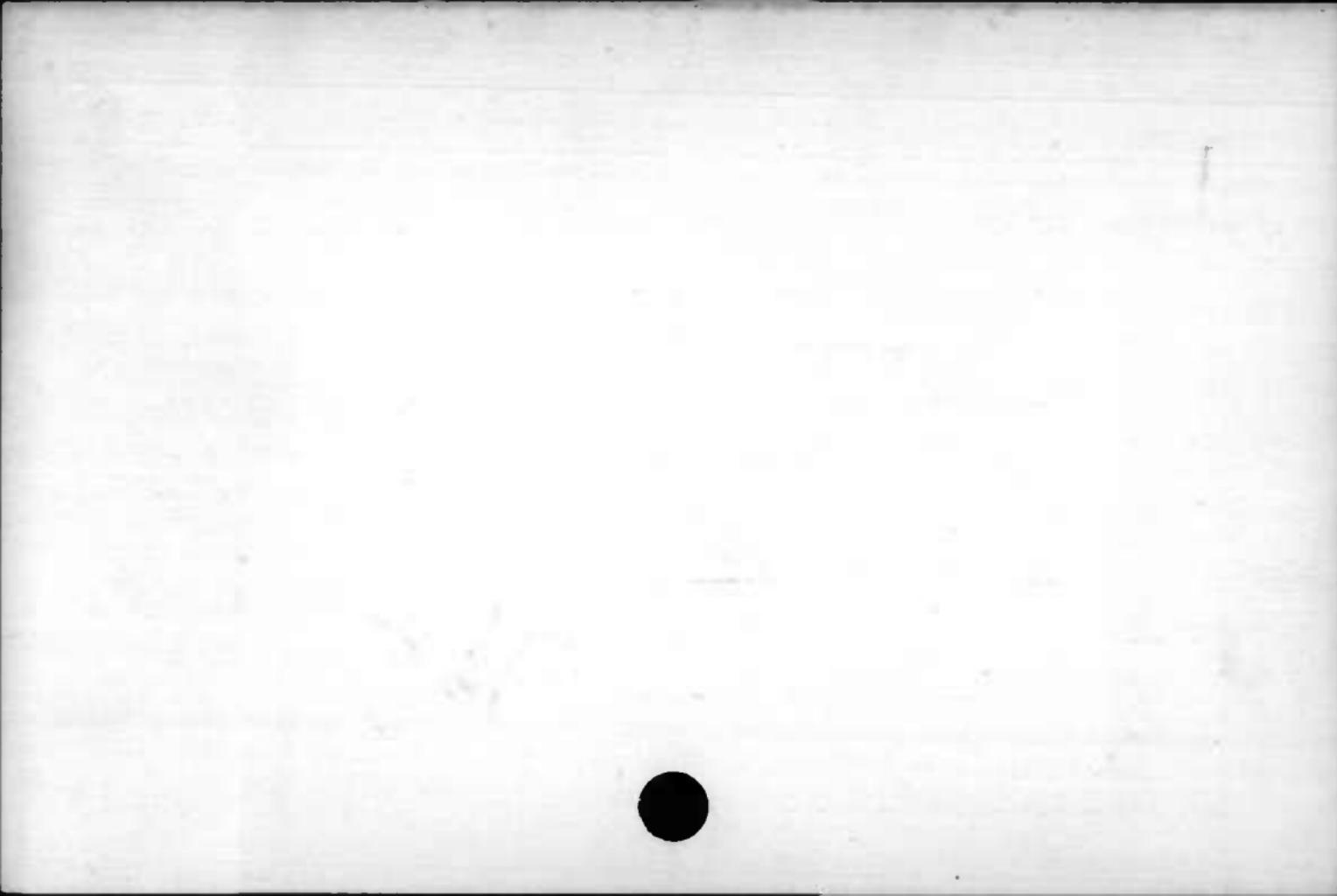
Yes

Signature of Physician

Address

James Gossard, M.D.
Preston, Md.

Accident or Suicide?



John S. Robinson

Town

County

Died at

Boiling

Balt -

MARYLAND

1905

Month

Day

Y.

M.

D.

Native of

Date 1905

Age

22 - - 11

1nd

Occupation

Waiter

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

None

Father's

Name

no Father by choice

Mother's

Name

Cecilia Nelson

Cause of

Primary

Sip

How long sick

Death

Immediate

most to it during

10 days

Accident, Suicide, Homicide

Reported by

Dr. Jas. H. Wilson

Fowlesburg, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Geo. W. Belt
Undertaker

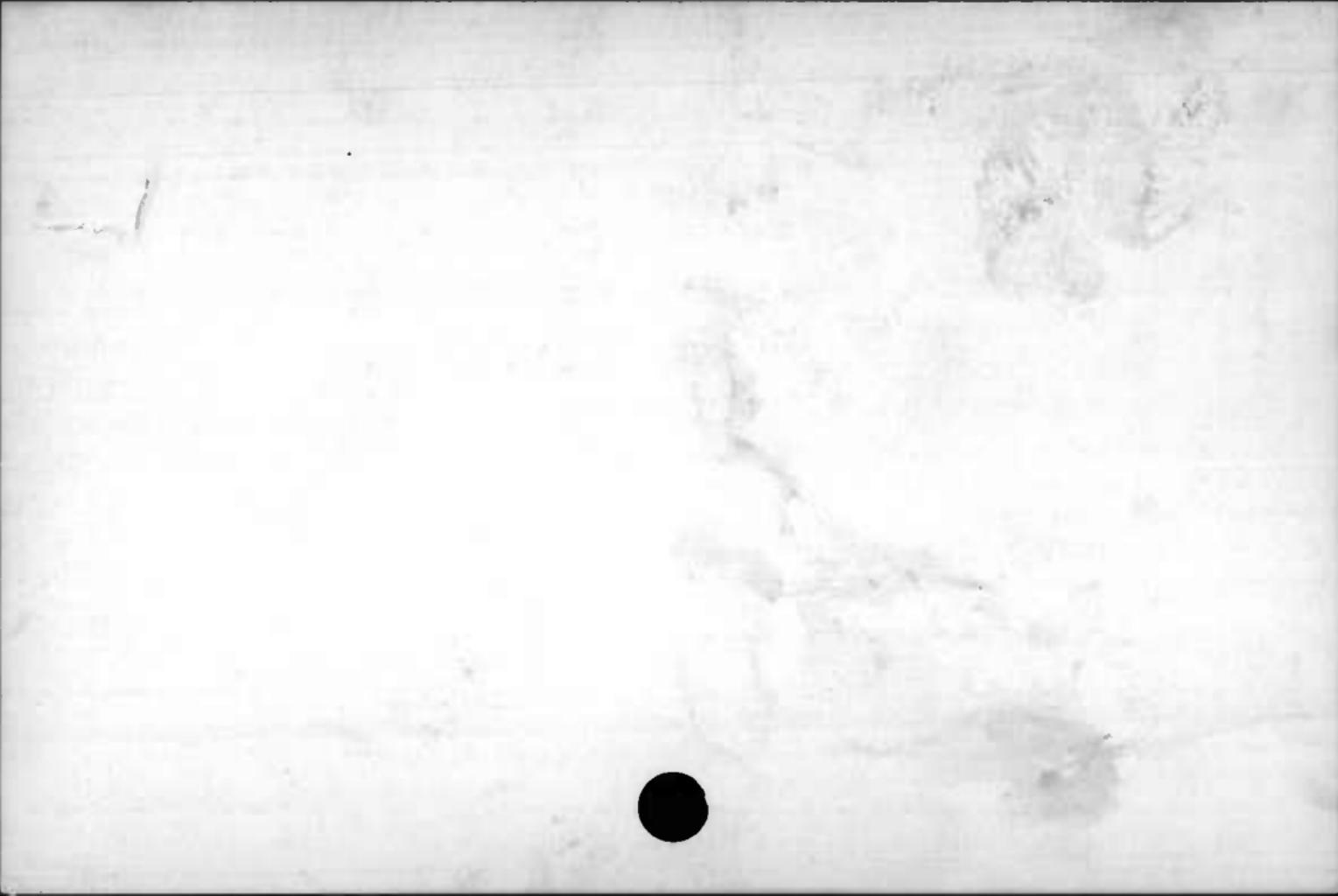
Rothstein, Fannie

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Died at		Calverton	Dwelt.			
Date of death 1900	Month	Day	Age	Years	Months	Days
1900	March	19	Age	37		
Sex	Female	Color or Race	white		Birth-place	Russia
Married, Single or Widowed	Married		Occupation			
Name of Wife or Husband	Louis Rothstein					
Father's Name	Nathan Cohen			Father's Birthplace	Russia	
Mother's Maiden Name	Sarah			Mother's Birthplace	Russia	
Name of person giving information	Abraham Cohen			How related to deceased	Brother	

CAUSES OF DEATH

Primary	Dementia	68	How long	12 yrs.	
Immediate	Valvular Disease of Heart	7	How long	10 minutes	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Frank Nader	
			Address	Calverton, Md	
Accident or Suicide?		No			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Mr. Elias L. Routsou

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1905 Mar	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Age	68	11 4
Occupation	Where Residing if not at place of death					York Co Pa
Married, Single or Widowed	Widowed	Name of Wife or Husband	Katherine Routsou			
Father's Name	Geo Routsou					Father's Birthplace
Mother's Maiden Name	Katherine unknown					Mother's Birthplace
Name of person giving information	Geo. H. Routsou					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

How long

6 weeks

Immediate

Heart attack

How long

17 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Geo. H. Routsou

New Frederick

Accident or Suicide?

Name
in
Full

Batterfield, Joseph.

CERTIFICATE OF DEATH

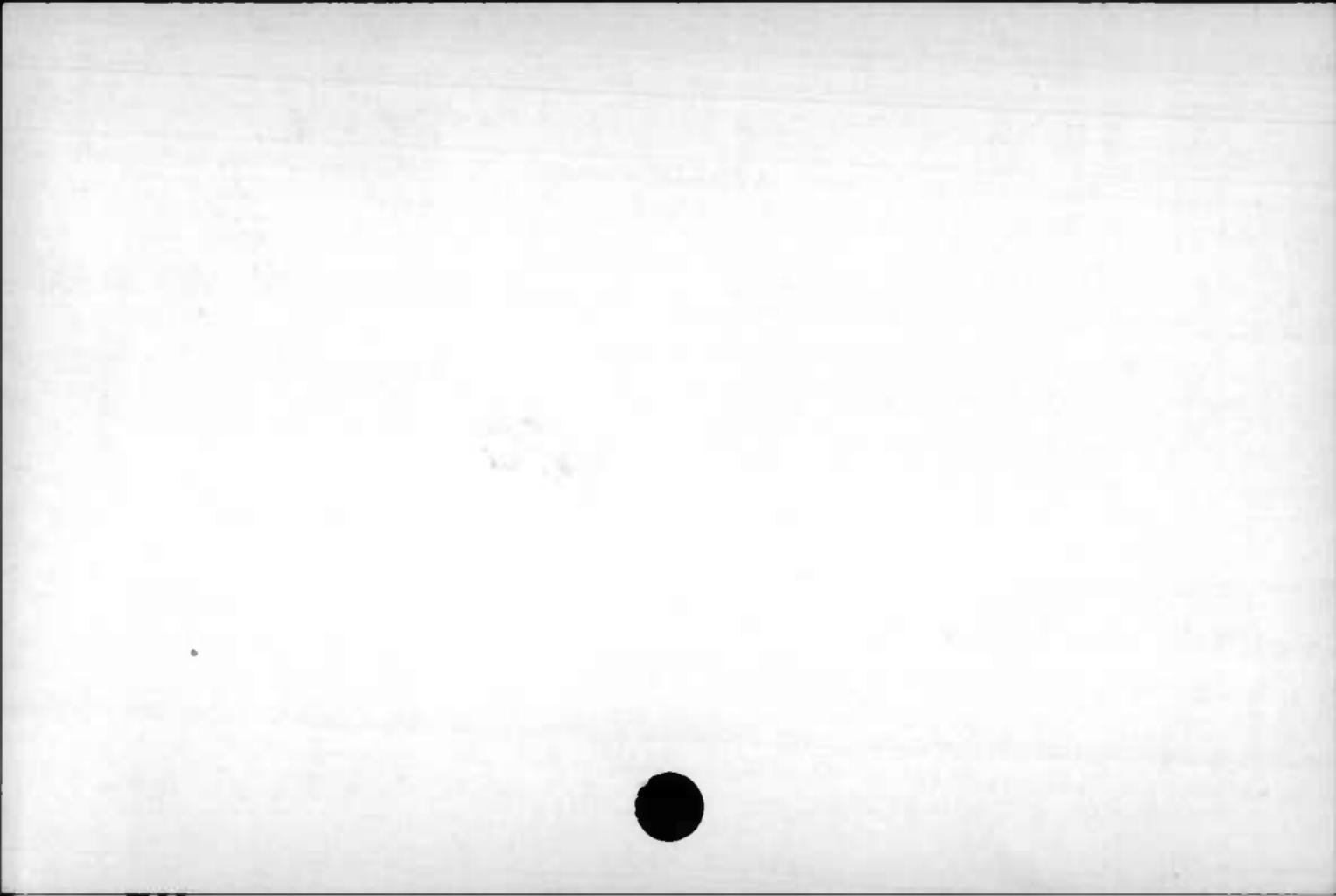
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore	County	MARYLAND	
Date of death 1905	Month	March	Day	Years	Months Days
Sex	Male	Color or Race	White	Birth-place	Ma.
Married, Single or Widowed	Single	Occupation	None		
Name of Wife or Husband	X				
Father's Name	X			Father's Birthplace	X
Mother's Maiden Name	X			Mother's Birthplace	X
Name of person giving Information	X			How related to deceased	X

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Inbre Cality.	How long	life.
Immediate	Diabetes Mellitus	How long	6 mos
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Perse Nade.
		Address	Baltimore
Accident or Suicide?	No.		



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

NEAREST FRIEND

Saunders, Mary V.
Died at Leetonsville Town Balto County

CERTIFICATE OF DEATH

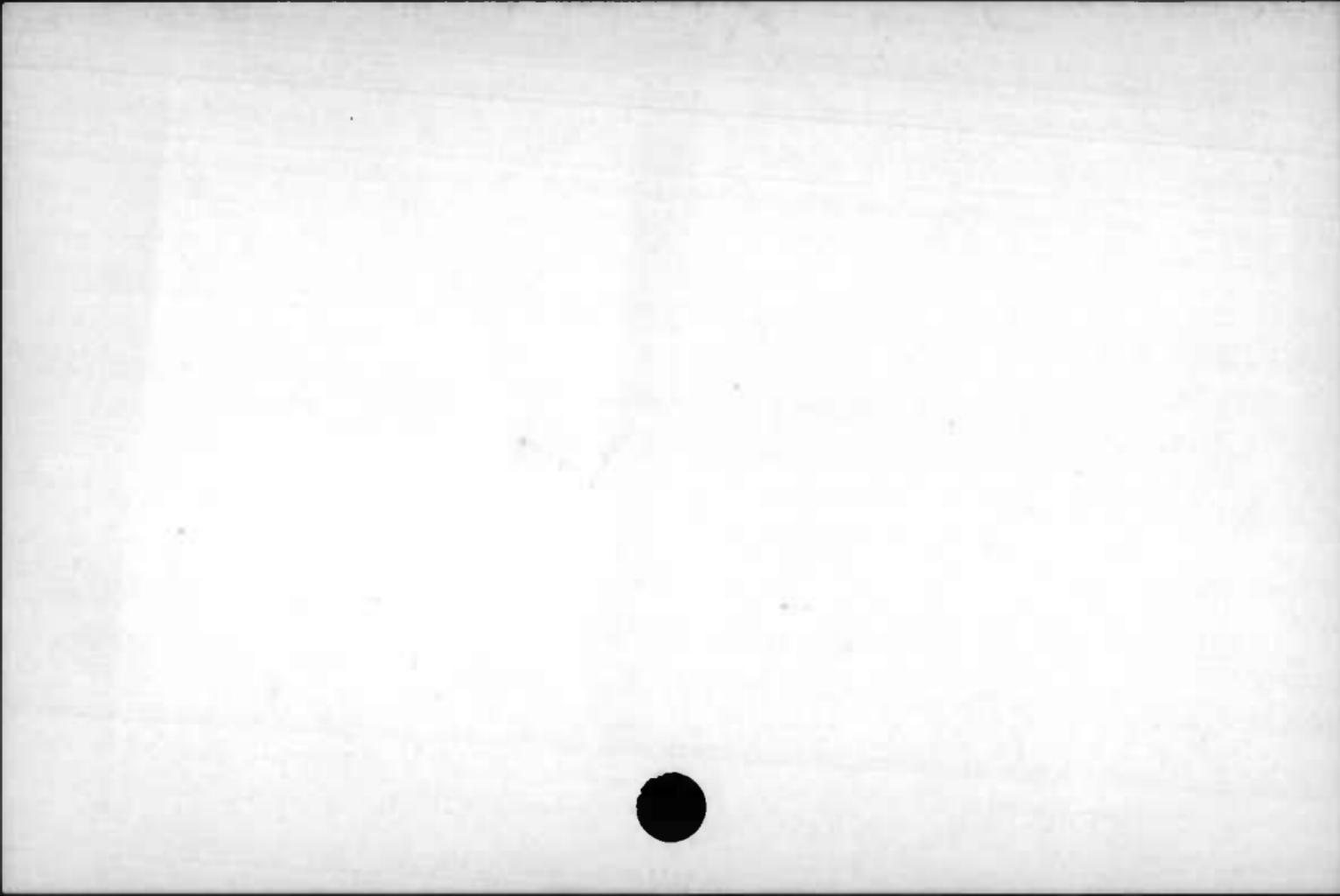
MARYLAND

Died at		Leetonsville		Salisbury		MARYLAND	
Date of death	1905	Month	March	Day	12	Years	58
Age		Months		Days			
Sex	Female	Color or Race	white	Birth-place	Md.		
Married, Single or Widowed	Married		Occupation	Housewife			
Name of Wife or Husband	X						
Father's Name	X				Father's Birthplace X		
Mother's Maiden Name	X				Mother's Birthplace X		
Name of person giving Information	X				How related to deceased X		

CAUSES OF DEATH

PHYSICIÁN EN CORONERIA

Primary	Cellulitis of arm	How long	1 week
Immediate	Septicemia	How long	48 hrs.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. Fred Nade.
		Address	Gainesville
Accident or Suicide?		No.	



Name
in
Full

Amni Grinn Savoy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

NEAREST FRIEND

Died at <u>Westport</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death 1905	Month <u>3</u>	Day <u>28</u>	Age <u>1</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Cold</u>	Occupation			Birth-place <u>Westport</u>	
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name	<u>Lewis Savoy</u>			Father's Birthplace		<u>Md</u>
Mother's Maiden Name	<u>Maggie Deal</u>			Mother's Birthplace		<u>Md</u>
Name of person giving Information	<u>Virginia Savoy</u>			How related to deceased		<u>Mother</u>

CAUSES OF DEATH

PHYSICIAN CORONER

Primary

diphtheria

How long

23 days

Immediate

Introduction

How long

Are the na

Are the name, age, sex, color, date
and place correctly given above? Signature
Physician

Signature of
Physician

Address

28 May

WT minus

Accident or Suicide?

卷之二

Name
in
Full

Margaret Schinlatz

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White		Birth-place	Md.
Occupation	None		Where Residing if not at place of death			
Married, Single or Widowed	single	Name of Wife or Husband				
Father's Name	Franz X. Schinlatz		Father's Birthplace	Germany		
Mother's Maiden Name	Carolina Fleischman		Mother's Birthplace	Germany		
Name of person giving information	Franz X. Schinlatz		How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cerebro - Meningitis?

How long

24 hours

Immediate

Convulsions

How long

2 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

J. A. Glantz M.D.
41 Eastern Ave Ed.

Address

Accident or Suicide?

Sacred Heart Cemetery

March. 22nd 1905

Germanus Hanse

Under later

Name
in
Full

Margaret Louise Schmidt

166
CERTIFICATE OF DEATH

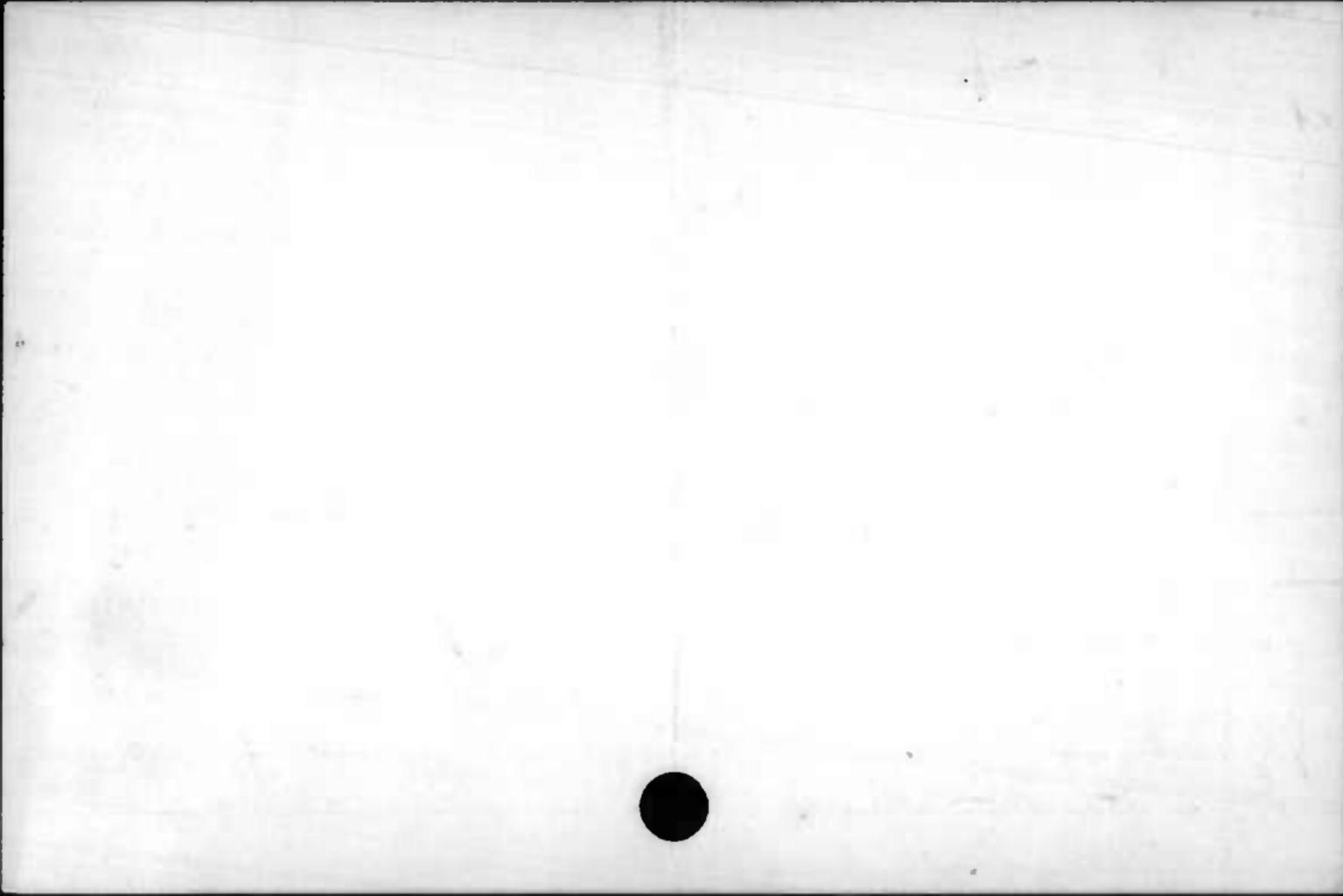
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Long Green</u> Town		County <u>Baltimore</u>		MARYLAND		
Date of death <u>1905</u>	Month <u>March</u>	Day <u>3</u>	Years <u>—</u>	Months <u>7</u>	Days <u>10</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Long Green Md.</u>				
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Geo. H. Schmidt</u>	Father's Birthplace <u>Balto. Co. Md.</u>					
Mother's Maiden Name <u>Catherine Hilgartner</u>	Mother's Birthplace <u>..</u>					
Name of person giving information <u>Geo. H. Schmidt</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Chronic Mastenteritis</u>	How long <u>105</u>	How long <u>4 months</u>
Immediate <u>—</u>	<u>105</u>	<u>..</u>
Are the name, age, sex, color, date and place correctly given above? <u>—</u>	Signature of Physician <u>Geo. H. Green</u>	
	Address <u>Long Green</u> <u>Long Green Md.</u>	
Accident or Suicide? <u>—</u>		



Name
in
Full

Agnes M. Schnepp.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1905	Nov.	14 th	—	3	21	
Sex	Female	Color or Race	White	Birth-place	Balto Co.	
Occupation	None	Where Residing if not at place of death			—	
Married, Single or Widowed	Single	Name of Wife or Husband	—			
Father's Name	Geo. Schnepp.			Father's Birthplace	Balto Co.	
Mother's Maiden Name	Lena Batori			Mother's Birthplace	Balto City	
Name of person giving information	Germanus France			How related to deceased	Friend	

CAUSES OF DEATH

Primary	Capillary Brucellosis.	How long	4 Days.
Immediate	Cardiac Squeezing.	How long	8 hr.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	P.C. Welford M.D.
		Address	618 W. Clark St.
Accident or Suicide?		Highlander	

Sacred Heart Cemetery

March 15th 1905

Germanus France.

Name
in
Full

Rev. Paul, E. Schulte

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Kingsville</u>		Town <u>Baltimore</u> County		MARYLAND	
Date of death 1906- <u>March</u>	Month <u>March</u>	Day <u>28</u>	Years <u>53</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>—</u>			
Married, Single or Widowed	Occupation <u>Minister of the Gospel</u>				
Name of Wife or Husband	<u>Teresa Schulte</u>				
Father's Name					Father's Birthplace
Mother's Maiden Name					Mother's Birthplace
Name of person giving Information	<u>Theodore Schulte</u>				How related to deceased <u>Son</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

La'ssippi & Pneumonia

How long

ten days

Immediate

Cerebrospinal meningitis

How long

one week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J.W. S. Green
Esittings

Accident • Suicide?

Name
in
Full

George J. Smith

CERTIFICATE OF DEATH

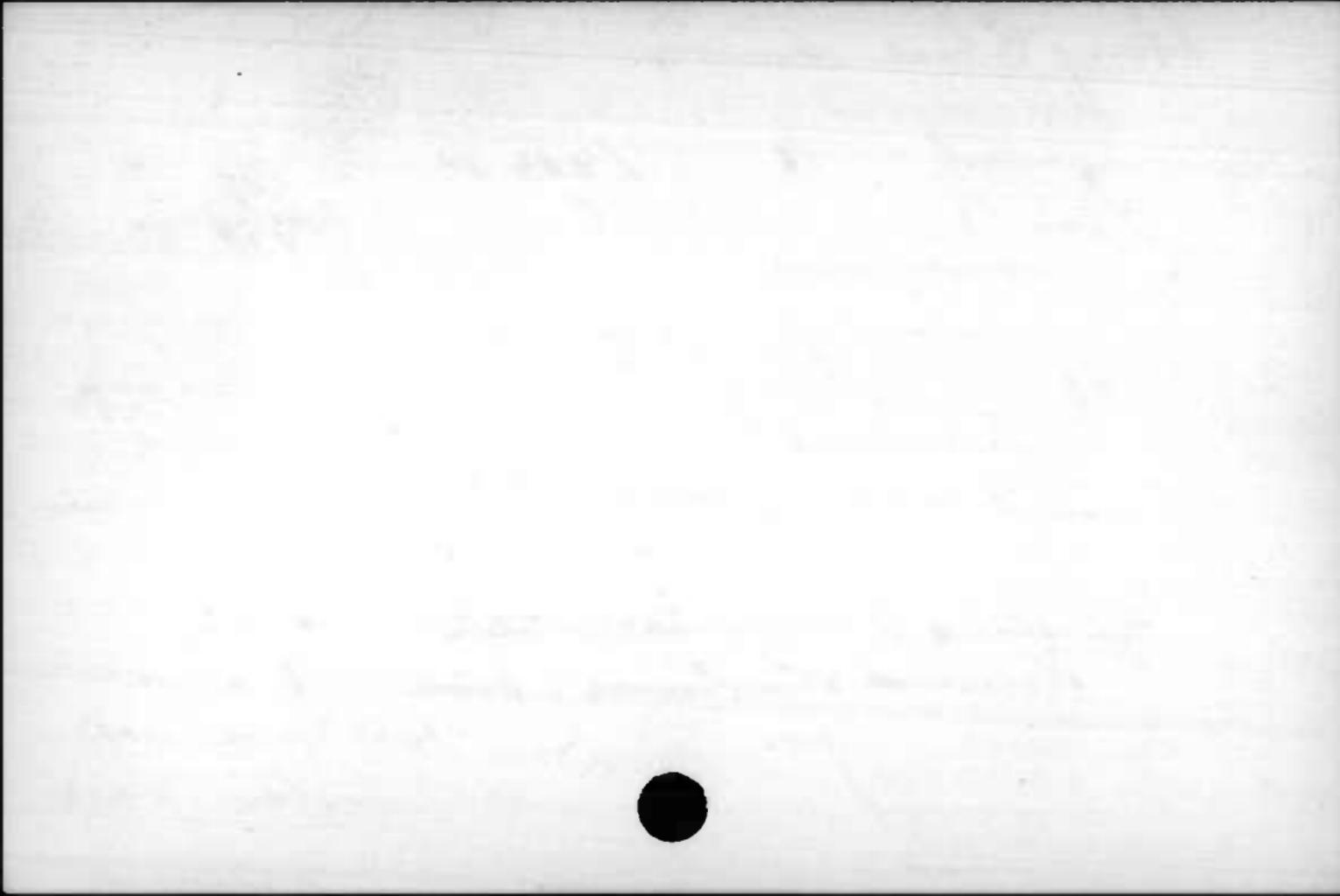
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	Balt. Co.	
Date of death	1905	Month	Day	Years	Months
Sex	Male	Color or Race	30	Age	Days
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	1402 W. Lafayette				
Father's Name					
Mother's Maiden Name					
Name of person giving information					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis.		How long
Immediate	Exhaustion		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. J. Mara M.D.
		Address	St. Agnes Hospital
Accident or Suicide?			



Name
in
Full

Stella Sommers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Canton</u> Town		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1905</u> Month <u>March</u>	Day <u>28</u>	Age <u>4</u> Years <u>days</u>	Months <u>—</u>	Days <u>—</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>German Hill Rd</u>			
Occupation <u> </u>	Where Residing if not at place of death <u> </u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband				
Father's Name <u>E. Frank Sommers</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Stella Rapiajafki</u>	Mother's Birthplace <u>Germany</u>				
Name of person giving information <u>E. Frank Sommers</u>	How related to deceased				

CAUSES OF DEATH

Primary	<u>Natural Causes</u>	How long
Immediate	11	179

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician Coronu John G. Mueller
Address 216 O'Donnell st

Accident or Suicide?

Polish Independent Cemetery
Kendallville Indiana

Name
in
Full

Geo. S. Spahn

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at <u>Overlea</u> Town		<u>Balto.</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>Mar.</u>	Day <u>13th</u>	Years <u>4</u>	Months <u>6</u>	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Md.</u>			
Occupation <u>—</u>	Where Residing If not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Geo. F. Spahn</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Mary E. Neesler</u>	Mother's Birthplace <u>Md.</u>				
Name of person giving information <u>Geo. F. Spahn Jr.</u>	How related to deceased <u>Father</u>				
CAUSES OF DEATH					
Primary	<u>Diphtheria followed by Broncho Pneumonia</u>				How long <u>6 weeks</u>
Immediate	<u>Exhaustion dyspnea</u>				How long <u>—</u>

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Jos. B. Webster M.D.
Raspberry
Md.

Accident or Suicide?

Holy Redeemer
Cemetery

Name
in
Full

Henry Chew Sneedly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death 1905	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Birth-place Hagerstown			
Married, Single or Widowed	Widower.		Occupation	Lawyer.		
Name of Wife or Husband	Carry Rogers.					
Father's Name	Henry Sneedly.		Father's Birthplace	Germany		
Mother's Maiden Name	Henrietta Chew		Mother's Birthplace	Md.		
Name of person giving information	Jennie Myrus 95		How related to deceased	In relation		

CAUSES OF DEATH

Primary	<i>Hypostatic Pneumonia & Prostatitis.</i>		How long	10 days.
Immediate	<i>Urinary & Continence of Urine.</i>		How long	2 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>W. W. Holbrook M.D.</i>	
		Address	<i>Arlington Md.</i>	
Accident or Suicide?				

Burial at
Blair's Ridge

William Cookmuntah
Gov. E. Wauhaw

Rev. Hayes C. St.
Fredericksville

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>St. Agnes' Hospital</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>March</u>	Day <u>5</u>	Years <u>53</u>	Months	Days	
Sex <u>Male</u>	Color or Race <u>White</u>	Where Residing if not at place of death <u>206 Franklin St.</u>				
Occupation <u>Lieutenant</u>	Name of Wife or Husband <u></u>					
Married, Single or Widowed <u>Married</u>						
Father's Name			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving information			How related to deceased			

120

CAUSES OF DEATH

Primary	<u>Chronic nephritis</u>	How long
Immediate	<u>General Complications</u>	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. A. Mara M.D.
St. Agnes' Hospital

Accident or Suicide?



Jorsell

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Calverville</u>		Town	County <u>Baltimore</u>		MARYLAND		
Date of death <u>1905</u>	Month <u>Mar.</u>	Day <u>18</u>	Age	Years	Months	Days	
Sex <u>Female</u>	Color or Race <u>C</u>	Birthplace <u>Calverville</u>					
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	<u>Samuel Jorsell</u>						
Mother's Maiden Name	<u>Ida. Williams</u>						
Name of person giving information	<u>Eden Williams</u>						
15							

CAUSES OF DEATH

Primary <u>Premature Birth</u>	How long
Immediate	How long

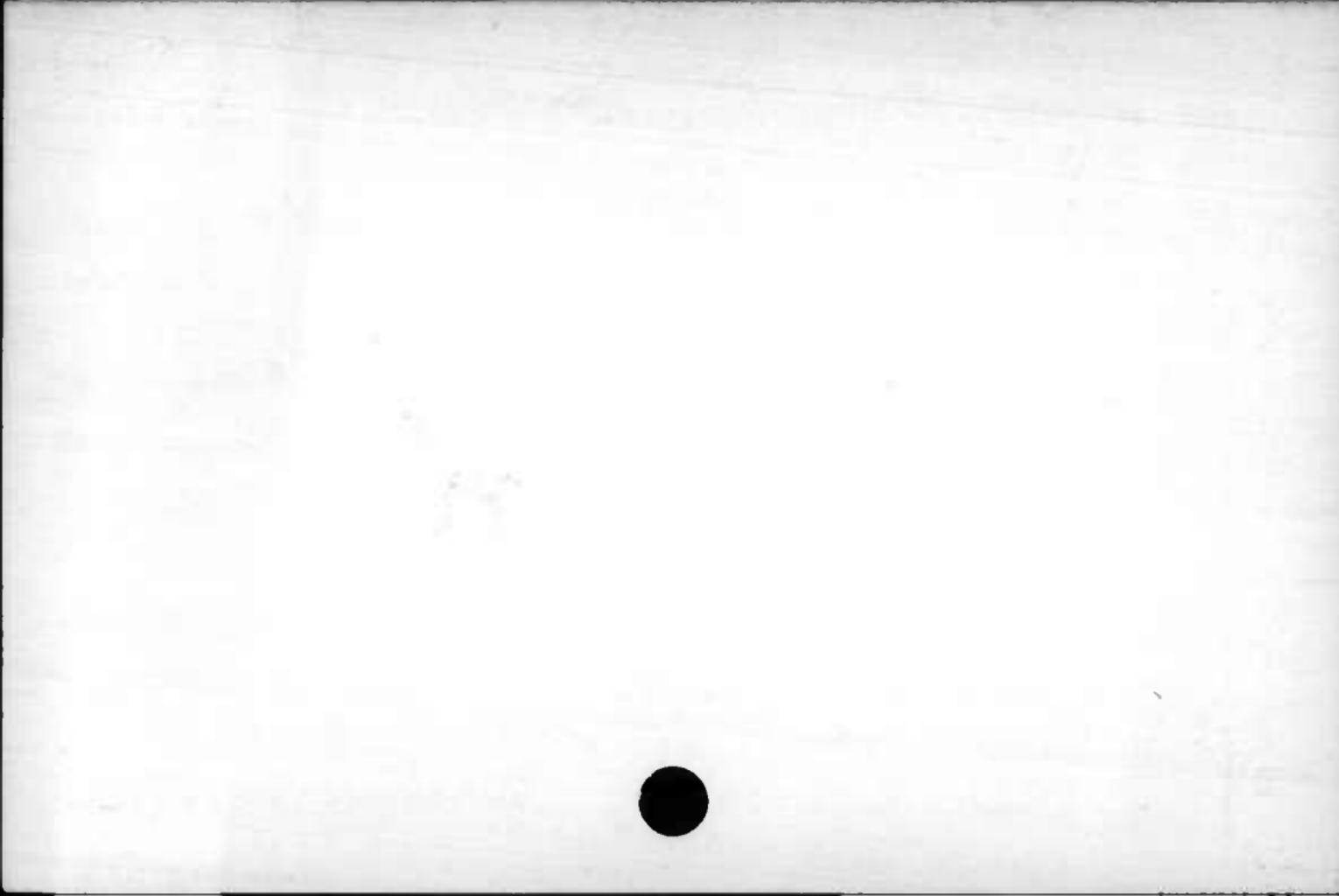
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Mrs Rachel O'Brien
Calverville Md

Accident or Suicide?



Name
in
Full

Edward H. Triplett.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1905.	Month March	Day 29.	Years 58.	Months 8.	Days	
Sex	Male.	Color or Race	White.	Birth-place	Maryland.		
Occupation	Labour.		Where Residing if not at place of death	Place of death.			
Married, Single or Widowed	Single.	Name of Wife or Husband					
Father's Name	Edward Triplett.		Father's Birthplace	Maryland.			
Mother's Maiden Name	Elizabeth Parker.		Mother's Birthplace	Maryland.			
Name of person giving Information	Augustine County.		How related to deceased	Sister.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Acute Miliary Tuberculosis.

How long
From mrsa.

Immediate
Exhaustion.

How long

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of
Physician

Dr. H. Paul M.D.

Address

Hamiserville. Md.

Accident or Suicide?



Name
in
Full

John Tunney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1905	March	5	Age 71	4	8	
Sex	Male	Color or Race	White	Birth-place	Co. Mayo - Ireland	
Occupation	Express Business			Where Residing if not at place of death		
<input checked="" type="checkbox"/> Widowed				Bridget Higgins (Tunney)		
Father's Name	Thomas			Father's Birthplace Co. Mayo Ireland		
Mother's Maiden Name	Mary Welsh			Mother's Birthplace Co. Mayo Ireland		
Name of person giving Information	Mrs. Barrett & Mrs. Hayden			How related to deceased daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Liver	How long 117 four months
Immediate	Cardiac Asthma	How long 117 four months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. Josiah S. Brown
		Address Mt. Washington Balto. Co. Md.
Accident or Suicide?		

MARTIN FAHEY & SONS,
Funeral Directors & Embalmers,
606 & 608 W. LaFayette Ave.

TELEPHONE 1993. —

St. Mary's Cemetery
Govanstown

Name
in
Full

John H. Upton

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Woodlawn		Town Baltimore		County Baltimore		MARYLAND		
Date of death 1905	Month Mar	Day 13	Age 74	Years 6	Months 2	Days 0		
Sex Male	Color or Race White			Birth- place Balt Co Md				
Occupation Farmer	Where Residing if not at place of death							
Married or Widowed	Name of Wife or Husband Elizabeth Upton							
Father's Name William Upton			Father's Birthplace Md					
Mother's Maiden Name Sarah Marriott			Mother's Birthplace Md					
Name of person giving Information C. E. Upton			How related to deceased son.					

CAUSES OF DEATH

Primary Osteo - Myelitic bones of foot	How long 6 months
Immediate General debility of age	How long 1 week.
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician A. C. Burnak
	Address Woodlawn Sta. Md
Accident or Suicide?	

Mount Olive Cemetery
Jos B Cook

Name
in
Full

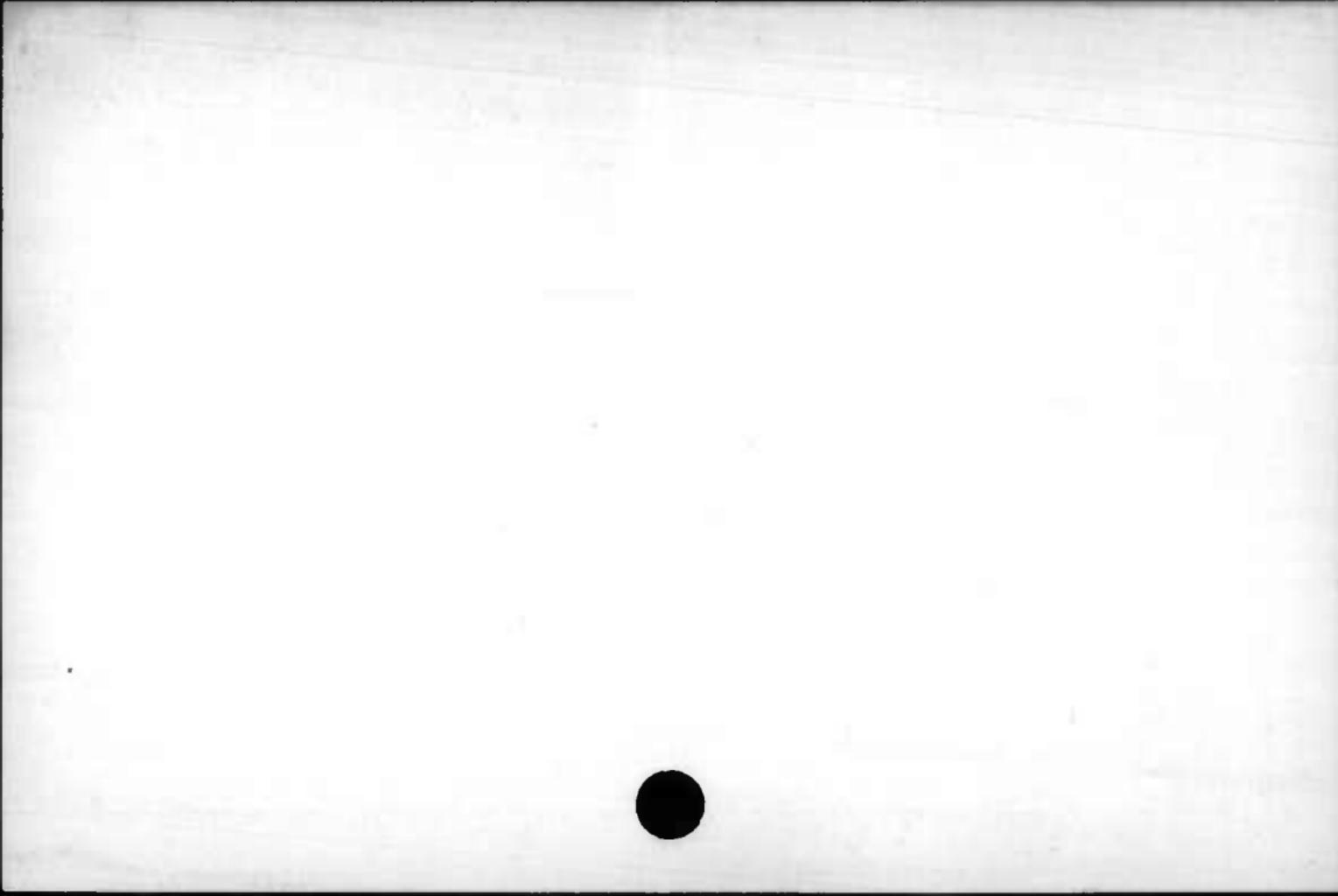
Harry A. Wagner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date <u>Mar 16</u> of death <u>1905</u>		Month <u>Mar</u>	Day <u>16</u>	Years <u>26</u>	Months Days
Sex <u>Male</u>	Color or Race <u>white</u>	Birth- place			
Occupation <u>Oiler</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband				
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving Information <u>Joz Blair</u>		How related to deceased			
CAUSES OF DEATH					
Primary		How long			
Immediate <u>accident</u>		How long			
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician Address			
Accident or Suicide?		<u>Joz Blair (Corona)</u> <u>Sparrrows Point</u> <u>md.</u>			

PHYSICIAN
OR CORONER



Name
in
Full

John Walter.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife <small>Husband</small>	Anna Catharina Schuster.			
Father's Name	Louis Walter			Father's Birthplace	Germany
Mother's Maiden Name	Margaret Walker			Mother's Birthplace	Germany
Name of person giving information	Henry Walter			How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Infirmities of age

15+

How long

about 10

Immediate

General Asthenia.

months.

How long

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

H. S. Harrison.

Loch Raven.

Accident or Suicide?

St. Michael's Cemetery
Perry Hall Md

Name
in
Full

Naami

Watkins

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Catawsville

Town

County

MARYLAND

Date
of death

1905

Month

3

Day

16

Years

1

Months

3

Days

—

Sex

Female

Color or
Race

Collapsed

Birth-
place

Catawsville

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Charles Watkins

Father's
Birthplace

Catawsville

Mother's
Maiden Name

Mary Jensen

Mother's
Birthplace

Harford Co.

Name of person giving
Information

Alexander Jensen

How related
to deceased

Grandfather

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Rheumatism

How long

4 days

Immediate

Pneumonia

How long

—

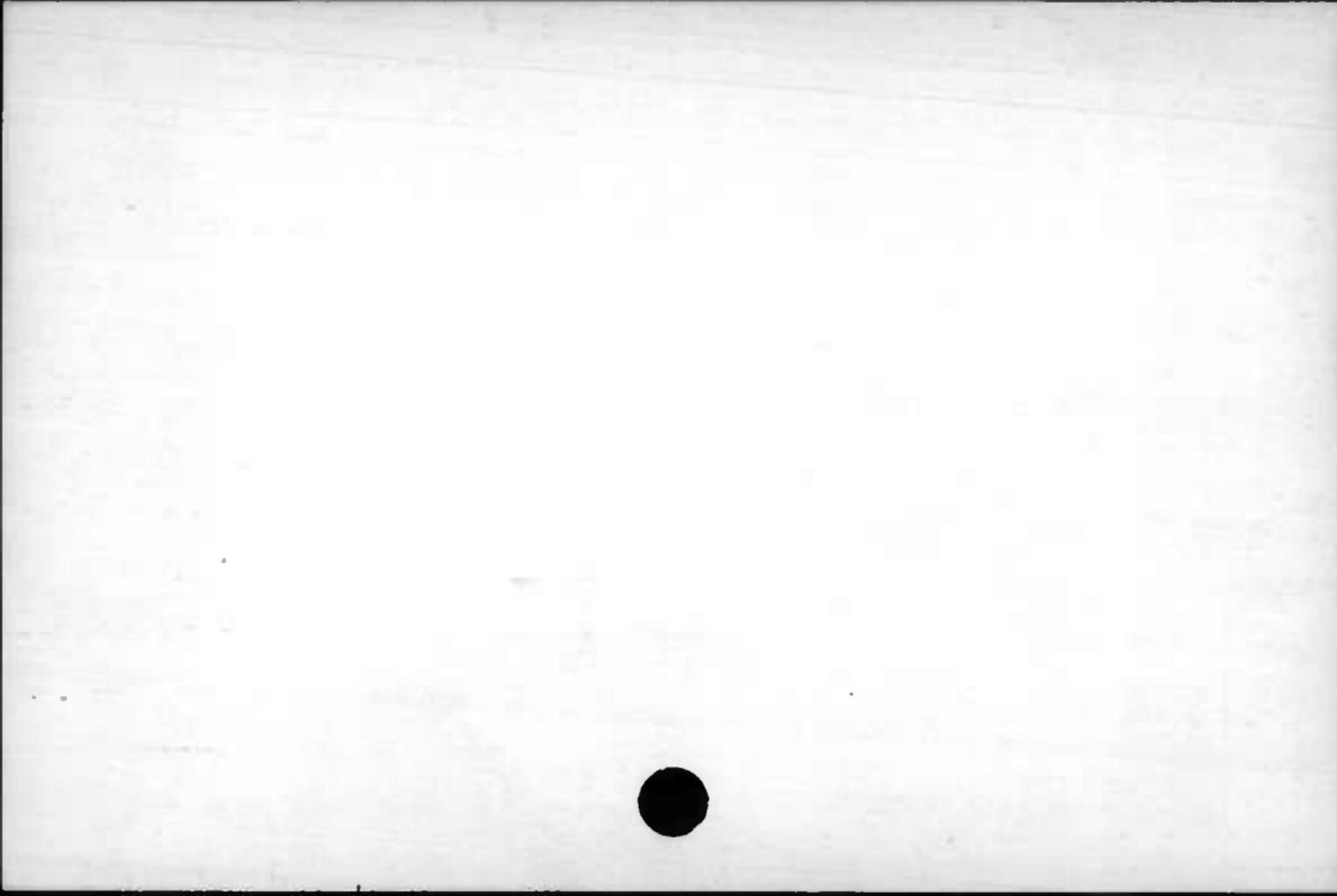
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Dr. W. S. D.

Catawsville, Md.

Accident or Suicide?



Name
in
Full

Elizabeth J. Watres

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
Date of death	1905	Month March	Day 27	Years 31	Months	Days
Sex	Female	Color or Race	White		Birth-place	Baltimore
Occupation	None		Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband			
Father's Name			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving information			How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bubouscular Meningitis

How long

Immediate

Gastritis

How long

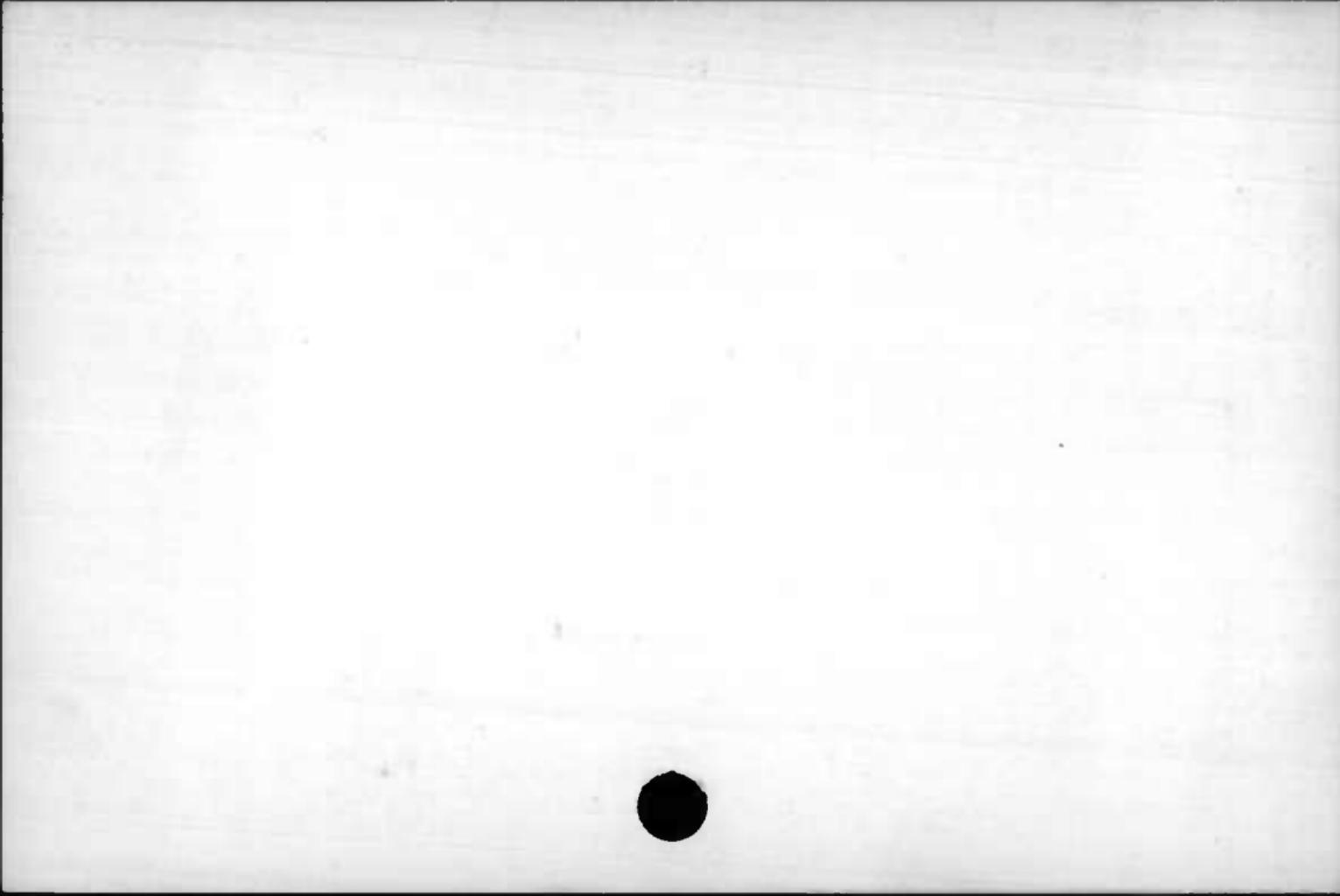
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. P. Mara MD,
St. Agnes' Hospital

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Dora Ann Weigmann

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Date of death	1903	Month 3	Day 16	Years 5 days	Months	Days 5
Sex	Femal	Color or Race	White		Birth-place	42 1/2 Clarendon St
Occupation		Where Residing if not at place of death died 4/7. 0				
Married, Single or Widowed		Name of Wife or Husband				
Father's Name		William Weigmann		Father's Birthplace Maryland		
Mother's Maiden Name		Eliz. N. Settles		Mother's Birthplace Md		
Name of person giving information		How related to deceased Father of child				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Convulsions

How long

1 day

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. J. Laney M.D.
384 Banks Estd

Accident or Suicide?

J. Herwig & Son
~~Mr. Carmel Leem.~~

Trinity Cem. 3/17/03

Name
in
Full

Georgiana Welch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Hallsville	Balt			
Date of death	Month	Day	Years	Months	Days
1905	March	26	Age 45	4	1
Sex	female	Color or Race	Blk	Birth-place	Baltimore City
Occupation	House keeper	Where Residing if not at place of death			Hallsville, Md.
Married, Single or Widowed	Name of Wife or Husband	Charles Welch			
Father's Name	Geo. Ware. M. D.			Father's Birthplace	Maryland
Mother's Name	Sarah Gross			Mother's Birthplace	Maryland
Name of person giving information	Geo. W. Welch			How related to deceased	Husband

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary *Cirrhosis of Liver* How long *4 m*
Immediate *Bronchitis* How long *-*

Are the name, age, sex, color, date and place correctly given above?

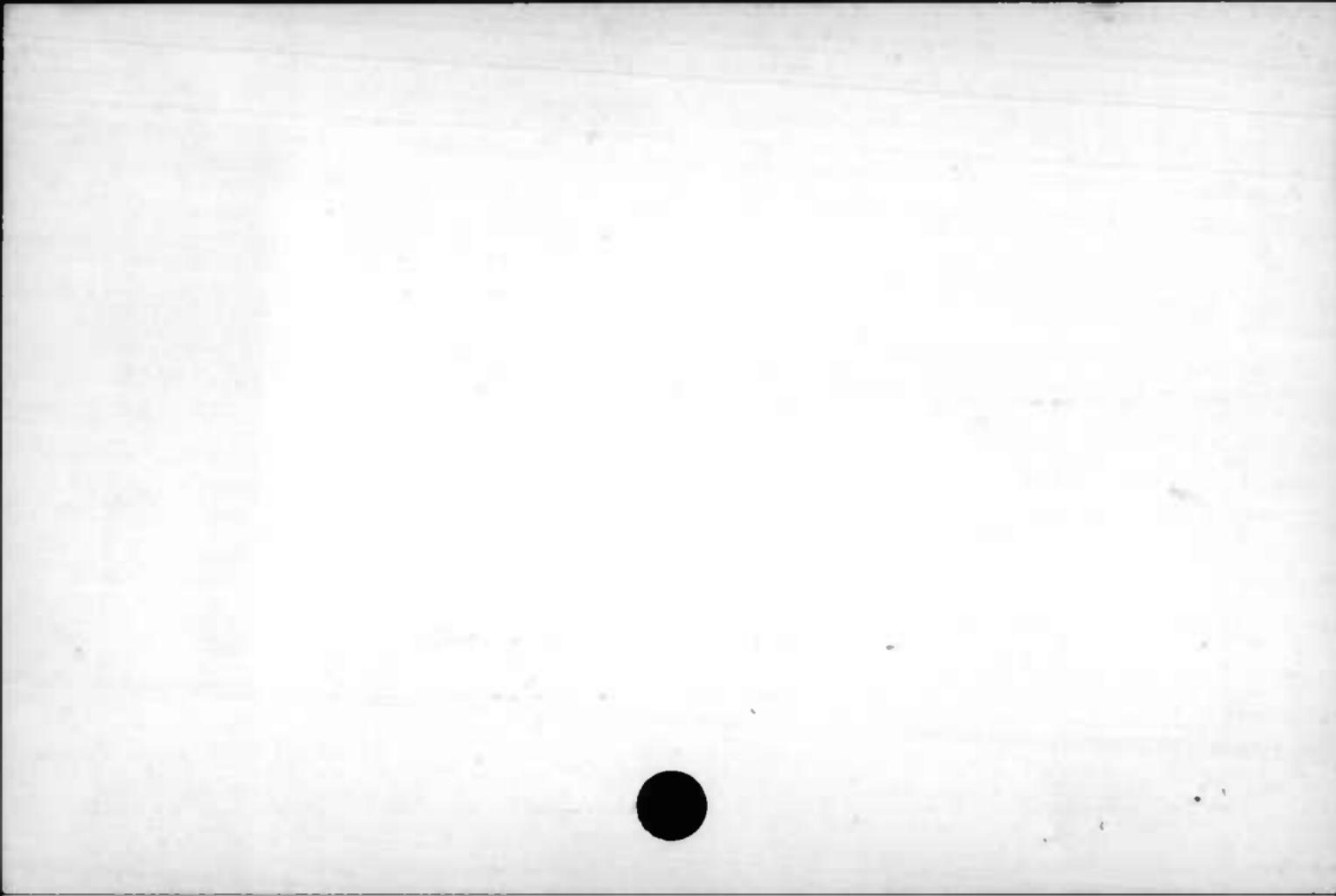
Yes

Signature of Physician

Address

Tyler Smith, M. D.
719 N. Carrollton Ave
Balt. Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

West

CERTIFICATE OF DEATH

MARYLAND

Died at Thistle

County
Baltimore

Date of death 1905 Month Mar

Day 2 Age —

Months — Days

Sex Male

Color or Race C

Birth-place Thistle

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

William West

Father's
Birthplace

Wa

Mother's
Maiden Name

Jennette Church

Mother's
Birthplace

Wa

Name of person giving
Information

Jennette Church

How related
to deceased

Wa

CAUSES OF DEATH

Primary

Pneumonia

2

How long

1 day

Immediate

1/3

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Anne Reynolds

Address

Midwife

Accident or Suicide?

Name
in
Full

Margaret Wilhelm

CERTIFICATE OF DEATH

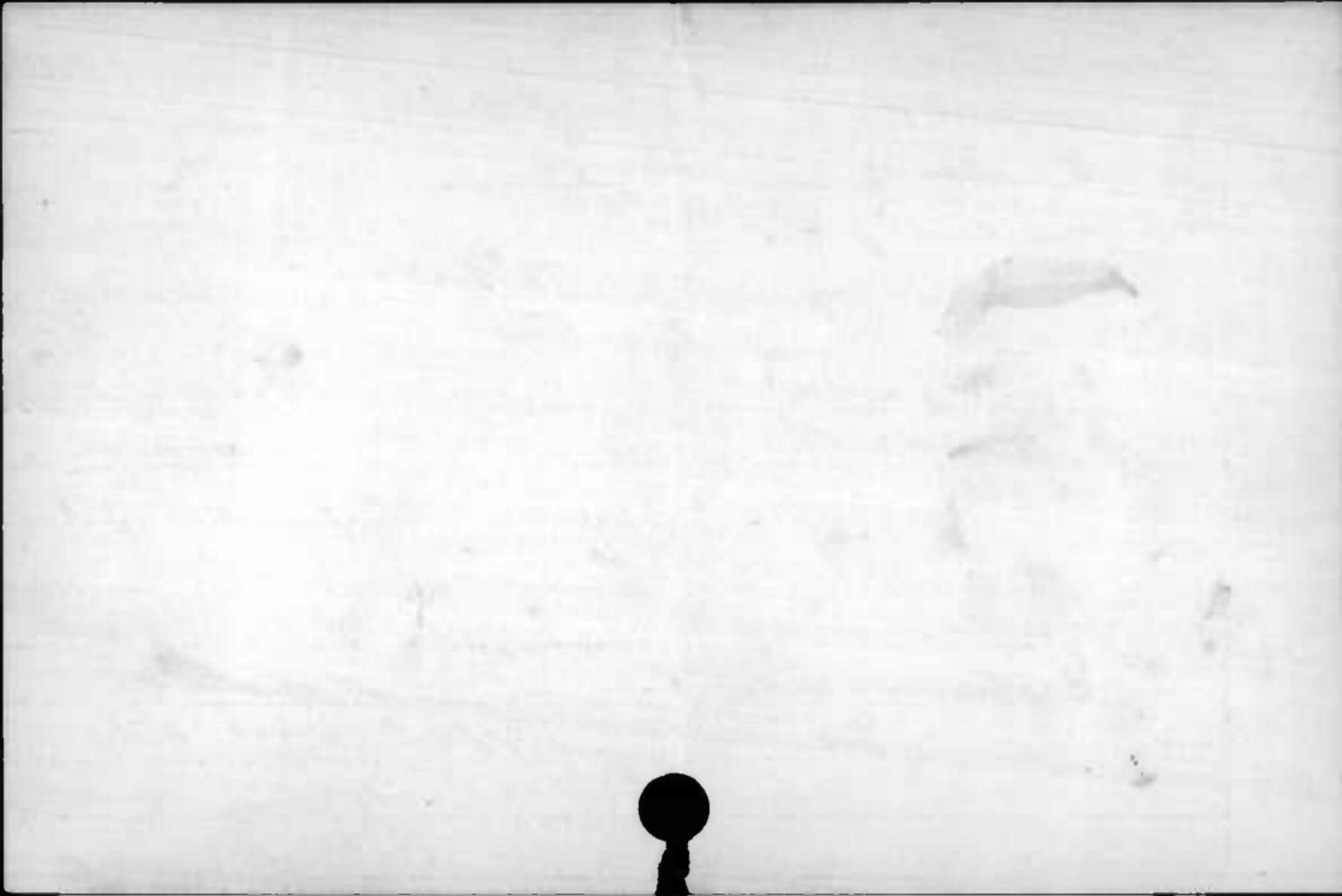
To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Forstton</u>		County <u>Ballo</u>		MARYLAND		
Date of death 190 <u>3</u>	Month <u>3</u>	Day <u>29</u>	Age <u>83</u>	Years	Months <u>8</u>	Days <u>20</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Black Rock, Ind.</u>				
Married, Single or Widowed <u>married</u>	Occupation <u>Housewife</u>					
Name of Wife or Husband <u>David Wilhelm</u>						
Father's Name <u>Henry Hoover</u>	Father's Birthplace <u>Don't know.</u>					
Mother's Maiden Name <u>Susan Dripps</u>	Mother's Birthplace <u>Don't know</u>					
Name of person giving Information <u>Peter Wilhelm</u>	How related to deceased <u>Son</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>6 days</u>
Immediate <u>Heart Failure</u>	How long <u>5 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr. Rush, M.D.</u>
	Address <u>Buckleysville Ind.</u>
Accident or Suicide? <u></u>	



Name
in
Full

Mary Theresa Winters.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Howard Park.		Baltimore				
Date of death 1905	Month	Day	Years		Months	Days
21	Age	36				
Sex Female	Color or Race	White		Birth-place	Baltimore	
Married, Single or Widowed	Married		Occupation	Wife.		
Name of Wife or Husband	Edward Winters					
Father's Name	John Riely			Father's Birthplace	Ireland	
Mother's Maiden Name	Elizabeth Riely			Mother's Birthplace	America.	
Name of person giving Information	Elizabeth Riely			How related to deceased	Mother.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia.*

How long

1 week.

Immediate *Exhaustion.*

93

How long

1 day.

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Wadsworth
Arlington Md.

Accident or Suicide?



Name
in
Full

Philip Winterstein

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 190	8	Month 3	Day 12	Years. Age 29	Months 9	Days 12	
Sex	Male	Color or Race	White	Birth- place	Baltimore		
Married, Single or Widowed	Married	Occupation	Draughtsman				
Name of Wife or Husband	Sophie Winterstein						
Father's Name	Charles Winterstein			Father's Birthplace	Germany		
Mother's Maiden Name	Dorothea Brauer			Mother's Birthplace	Germany		
Name of person giving Information	Sophie Winterstein			How related to deceased	Wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Valvular dis. Heart -

How long

1 yr.

Immediate
Cardiac exhaustion

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dorothea Brauer

Address

1713 Bank St -

Balto. Md -

Accident or Suicide?

H. Sanders & Son
Mt Carmel Candy

Name
in
Full

Wolf, Johanna.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Clydebsville	Baltimore			
Date of death	Month	Day	Years	Months	Days
1905	March	10	80		
Sex	Female	Color or Race	white	Birth-place	Germany
Occupation	Housewife		Where Residing if not at place of death	X	
Married, Single or Widowed	Widowed		Name of Wife or Husband		
Father's Name	X		Father's Birthplace	X	
Mother's Maiden Name	X		Mother's Birthplace	X	
Name of person giving information	X		How related to deceased	X	

CAUSES OF DEATH

Primary

Senile Dementia

How long

1 yr.

Immediate

Asthenia

How long

1 month.

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Perco Wude,
Clydebsville, Ind.

Address

Accident or Suicide?

No.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at		Town	County	Baltimore		MARYLAND
Date of death	1905	Month March	Day 15	Years 71	Months	Days
Sex	Male	Color or Race	White	Birth-place	Philadelphia	
Occupation	Salesman		Where Residing if not at place of death	812 N. Fremont St.		
Married, Single or Widowed	Married		Name of Wife or Husband			
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information				How related to deceased		

CAUSES OF DEATH

Primary

General Hemorrhage.

How long

Immediate

Emphysemy. Sudden.

How long

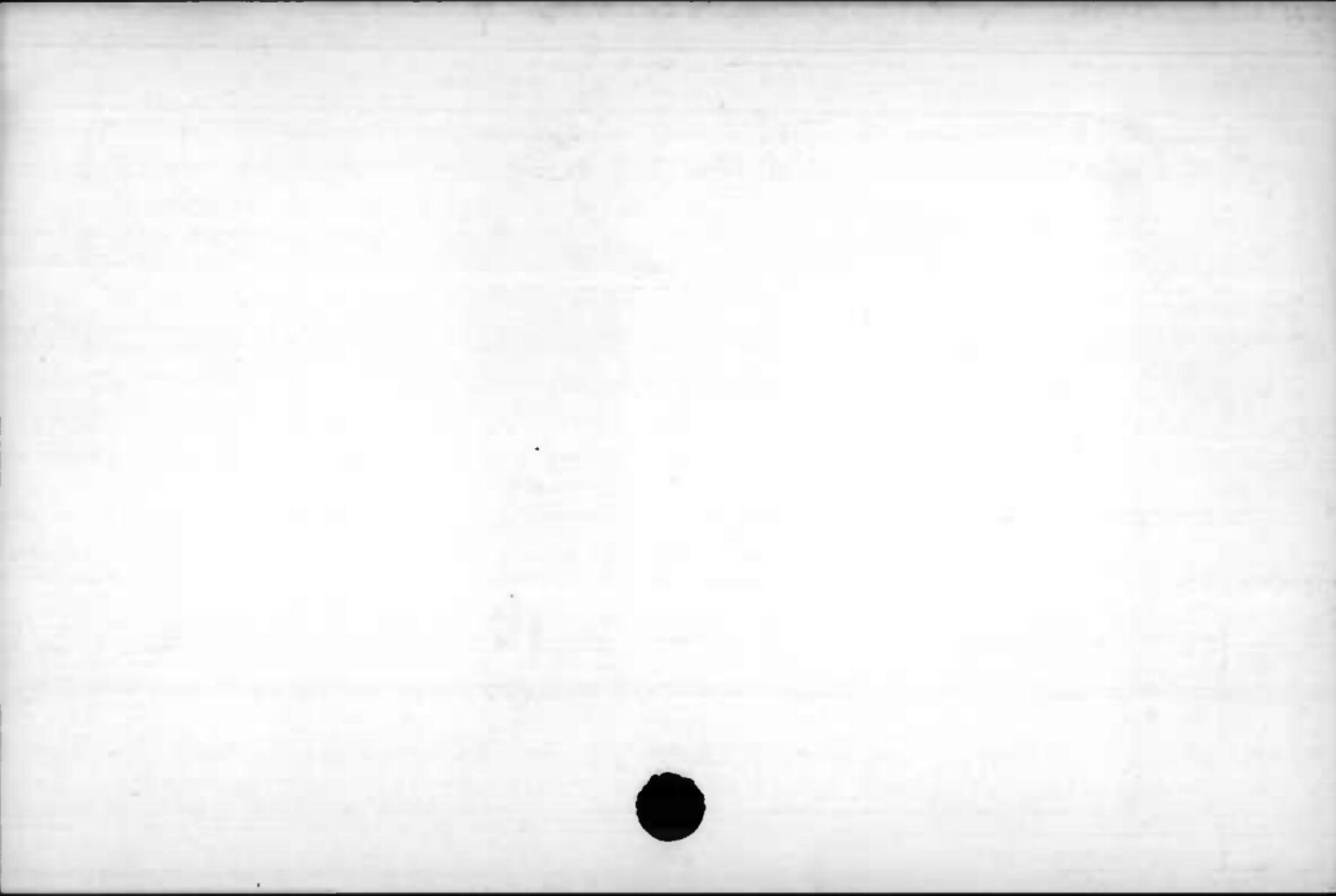
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. P. Mara M.D.
St. Agnes Hospital

Accident or Suicide?



Joseph. H. Wright
 Town Lauraville County Baltimore

MARYLAND

Died at

1915
Date 189Month Day
3 25Y. M. D.
66 1 22

Native of

Maryland

Occupation

Retired

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

five

Husband

of

Eliza Jane Wright

Father's

Name

William Emory Wright

Mother's

Name

Margaret Wright

Cause of

Primary

Valvular Disease Heart Six Months

How long sick

Death

Immediate

Syncope

Accident, Suicide, Homicide

Reported by

S. S. Darling

✓

Address

Lauraville

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Wm. Yaeger

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Towson</u>			County <u>Baltimore</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>3</u>	Day <u>24</u>	Age <u>54</u>	Years	Months <u>8</u>	Days <u>15</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Germany</u>			
Occupation <u>Baker</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary Yaeger</u>		Father's Birthplace <u>Germany</u>			
Father's Name <u>George Yaeger</u>	Mother's Birthplace ..					
Mother's Maiden Name <u>Not Known</u>						
Name of person giving information <u>Mary Yaeger</u>	How related to deceased <u>Wife</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Nephritis</u>	How long <u>about 3 months</u>
Immediate <u>Pneumonia</u>	How long <u>one week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. A. Schneidler M.D.</u>
	Address <u>1078 Canton St.</u>
Accident or Suicide? <u> </u>	

Dirkless Zirkler
1739 E. Eager St.

Name
in
Full

Francis A. Yeager

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death 190	5	Month 3	Day 25	Age 11	Years	Months 6	Days 28
Sex	Male	Color or Race	White	Occupation	Birth- place	Sparrow Point	
Married, Single or Widowed	Single		Schoolboy				
Name of Wife or Husband							
Father's Name	Charles L. Yeager				Father's Birthplace	Maryland	
Mother's Maiden Name	Jenny Dick				Mother's Birthplace	Maryland	
Name of person In formation	A Charles L. Yeager				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Fracture

Immediate

meningitis

Are the name, age, sex, color, date
and place correctly given above?

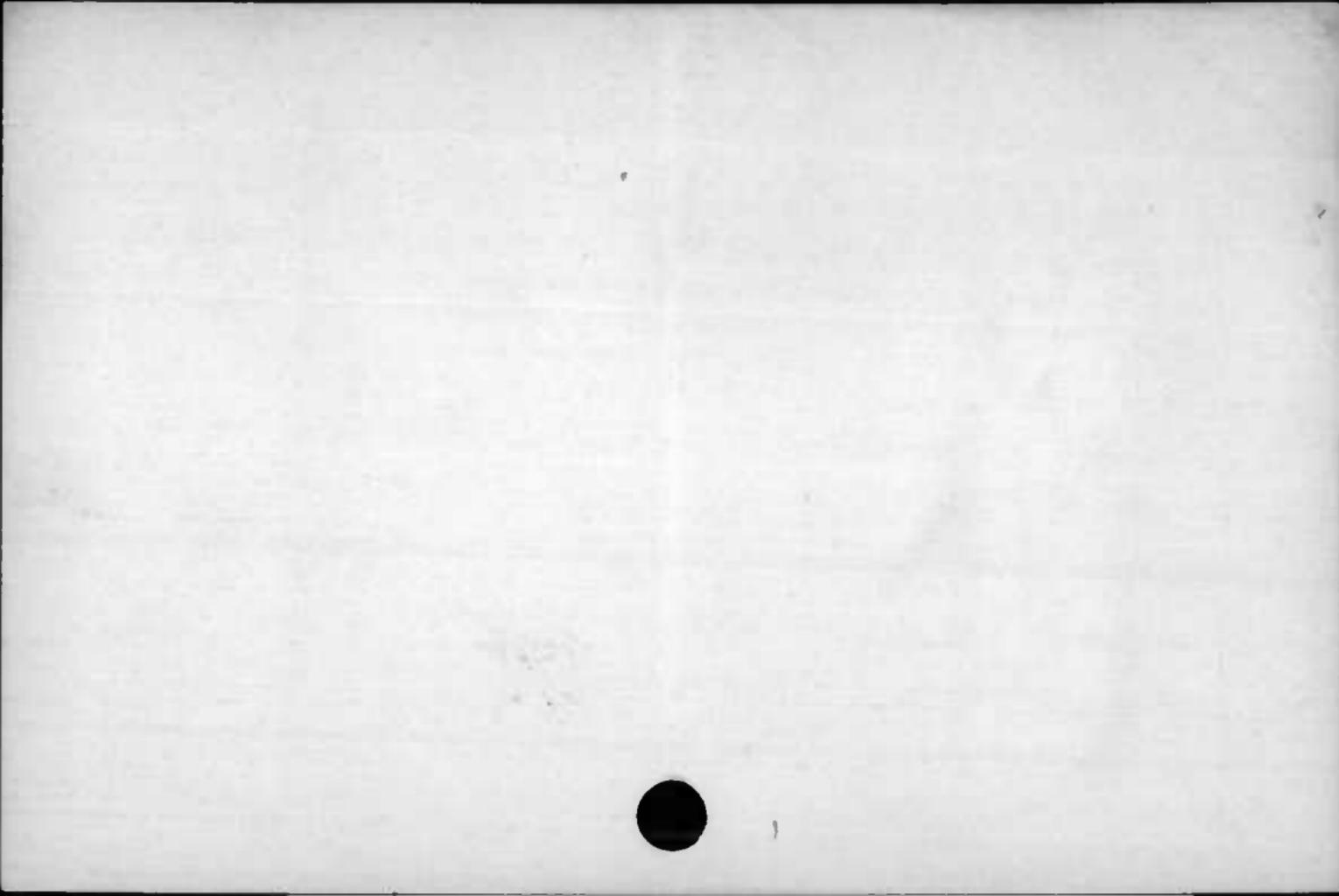
yes

Signature of
Physician

Address

H.K. Petersen M.D.
Sparrow's Pt. Md.

Accident or Suicide?



Name
in
Full

Benjamin Young

CERTIFICATE OF DEATH

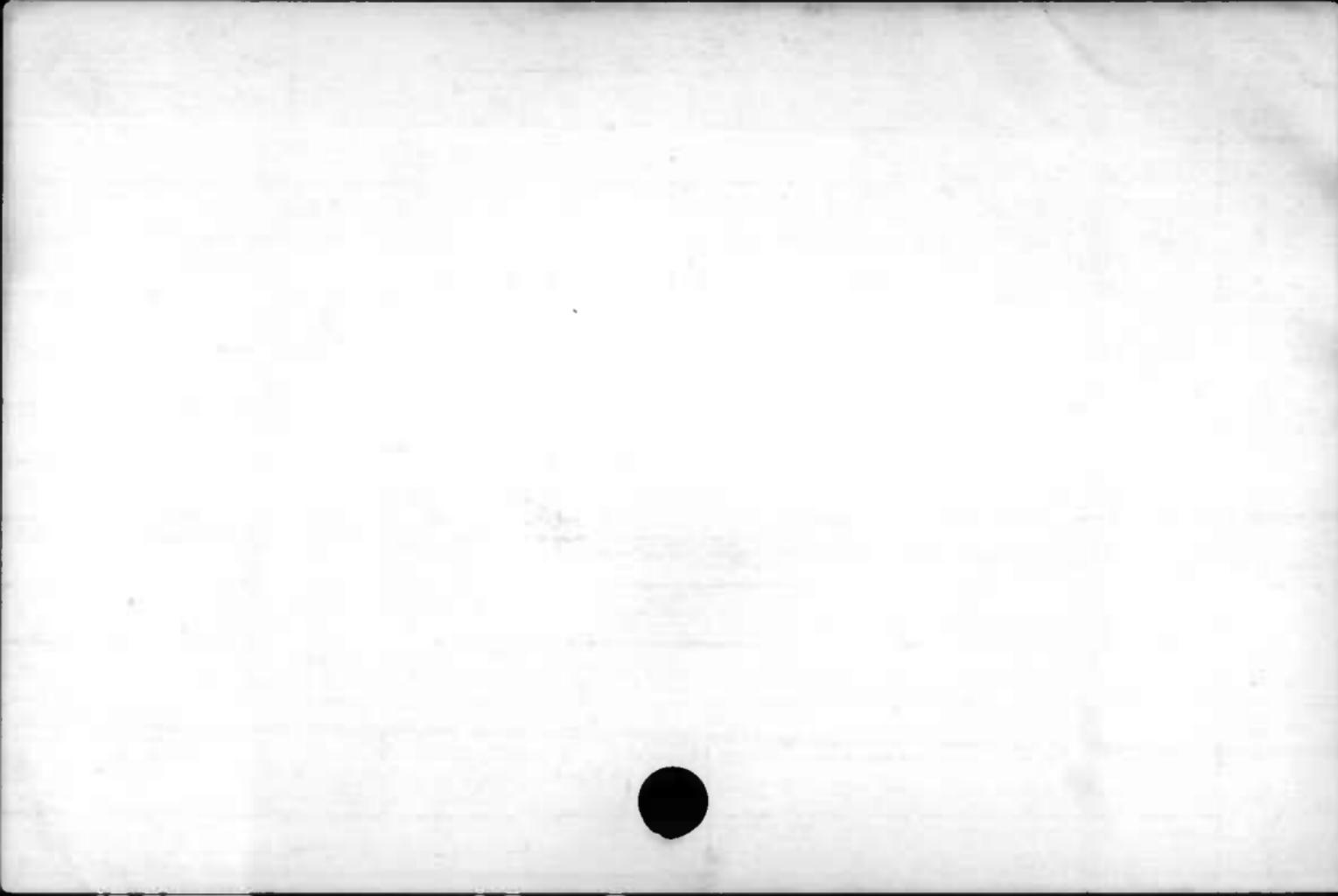
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at		Petersville	Baltimore				
Date of death 1905	Month	Day	Years	Age	Months	Days	
3	3	31	85	85	—	—	
Sex	Male	Color or Race	White	Birth- place	Md.		
Married, Single or Widowed	—	Occupation		Farmer			
Name of Wife or Husband	—		—		—		
Father's Name	—		—		Father's Birthplace		
Mother's Maiden Name	—		—		Mother's Birthplace		
Name of person giving Information	St. J. Mathews		—		How related to deceased		
None							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Skin disease	154	How long about 2 years
Immediate	"	✓	How long
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician
		Address	W. E. Young Petersville Md.
Accident or Suicide?			



Name
in
Full

Harry

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Baltimore, Md. County Alaudine

MARYLAND

Date of death 1905 Month 3 Day 18 Years Age about 45 yrs. Months Days

Sex Male

Color or
Race

Colored

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

bf

came to institution
on Mar. 14 via

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long

unconscious con-

Immediate

dition and
regained go.

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Dr. Thos. G. Bissell

Texas

Md.

Accident or Suicide?

Please send sum
at once.

Alma
Supt

Name
in
Full

Murphy white man

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	Mid	22	40	—	—
Sex	Male	Color or Race	white	Birth-place	—
Occupation	Where Residing if not at place of death			—	
Married, Single or Widowed	Name of Wife or Husband			—	
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Struck by Train	How long
Immediate		How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

William J. Gen. Knigge
Middle River, Md.

Address

Accident or Suicide?

